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# **American Holocaust, Millions Of Untimely American Deaths And \$40 Trillion Cost Of Israel To Americans By Dr Gideon Polya**

23-29 minutes

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**American Holocaust, Millions Of Untimely American Deaths And \$40 Trillion Cost Of Israel To Americans**

**By Dr Gideon Polya**

27 August, 2013

**Countercurrents.org**

The horrendous financial cost of Israel to Americans has now reached a gigantic \$40 trillion in today's dollars. However the human cost involves the preventable deaths of millions of Americans – passive mass murder of Americans in an American Holocaust inflicted by the fiscal perversion of traitorous Neocon American and Zionist Imperialist One Percenters committing \$8-10 trillion to ethnic cleansing and active and passive mass murder of Muslims abroad in support of Apartheid Israel instead of keeping Americans alive at home. Zionist-subverted American Government support for Apartheid

Israel in circa 2008 dollars totals about \$40 trillion, the breakdown being (1) \$3 trillion (1948-2003), (2) \$4-6 trillion (Zionist-promoted Iraq and Afghan Wars), (3) \$0.7 trillion (Value of a Statistical Life-or VSL-based cost of 88,000 US veteran suicides since September 2001) and (4) about \$30 trillion (one quarter of the VSL-based cost of 15.6 million preventable American deaths since September 2001). This is an under-estimate because it does not consider the millions of preventable American deaths before 9-11 linked to Zionist subversion and perversion of America .

### **1. \$3 trillion cost of Israel to America, 1948-2003.**

In 2003 Dr. Thomas R. Stauffer (1935-2005; a respected energy analyst, author, educator, consultant, and graduate of 144-Nobel-Laureate Harvard University's Center for Middle Eastern Studies (CMES)), estimated that the 1948-2003 cost of Israel to the US was over \$3 trillion in 2002 dollars: "Conflicts in the Middle East have been very costly to the U.S., as well as to the rest of the world. An estimate of the total cost to the U.S. alone of instability and conflict in the region—which emanates from the core, Israeli-Palestinian conflict—amounts to close to \$3 trillion, measured in 2002 dollars. This is an amount almost four times greater than the cost of the Vietnam war, also reckoned in 2002 dollars... Total identifiable costs come to almost \$3 trillion. About 60 percent, well over half, of those costs—about \$1.7 trillion—arose from the U.S. defense of Israel , where most of that amount has been incurred since 1973." [2].

### **2. \$4-6 trillion cost to America of the Zionist-promoted Iraq and Afghan Wars.**

The Zionist-promoted illegal invasion of Iraq , the Iraq War, and the Afghan War have been associated with a huge ongoing cost commitment of \$4-6 trillion. Thus Professor Joseph Stiglitz (professor of economics at 98-Nobel-Laureate Columbia University, chairman of President Bill Clinton's Council of Economic Advisers and winner of the Nobel Prize in economics in 2001) and Dr. Linda J. Bilmes ( Daniel Patrick Moynihan senior lecturer in public policy at 144-Nobel-Laureate Harvard University) estimated a long-term cost of the Iraq war at \$3 trillion in their 2008 book "The Three Trillion Dollar War: The True Cost of the Iraq Conflict" [3].

However in 2010 Professors Stiglitz and Bilmes revised this estimate upwards: "Writing in these pages in early 2008, we put the total cost to the United States of the Iraq war at \$3 trillion. This price tag dwarfed previous estimates, including the Bush administration's 2003 projections of a \$50 billion to \$60 billion war. But today, as the United States ends combat in Iraq , it appears that our \$3 trillion estimate (which accounted for both government expenses and the war's broader impact on the U.S. economy) was, if anything, too low... There is no question that the Iraq war added substantially to the federal debt. This was the first time in American history that the government cut taxes as it went to war. The result: a war completely funded by borrowing. U.S. debt soared from \$6.4 trillion in March 2003 to \$10 trillion in 2008 (before the financial crisis); at least a quarter of that increase is directly attributable to the war. And that doesn't include future health care and disability payments for veterans, which will add another half-trillion dollars to the debt." [4].

Professor Michael Intriligator ( a senior fellow at the US Milken Institute and professor *emeritus* of economics, political science and public policy at the 13-Nobel-Laureate University of California at Los Angeles , UCLA ) has indicated a long-term cost of \$1.5 to 2.0 trillion for the war in Afghanistan [5].

Dr Linda Bilmes (2013): “The Iraq and Afghanistan conflicts, taken together, will be the most expensive wars in US history – totaling somewhere between \$4 to \$6 trillion. This includes long-term medical care and disability compensation for service members, veterans and families, military replenishment and social and economic costs. The largest portion of that bill is yet to be paid. Since 2001, the US has expanded the quality, quantity, availability and eligibility of benefits for military personnel and veterans. This has led to unprecedented growth in the Department of Veterans Affairs and the Department of Defense budgets. These benefits will increase further over the next 40 years. Additional funds are committed to replacing large quantities of basic equipment used in the wars and to support ongoing diplomatic presence and military assistance in the Iraq and Afghanistan region. The large sums borrowed to finance operations in Iraq and Afghanistan will also impose substantial long-term debt servicing costs. As a consequence of these wartime spending choices, the United States will face constraints in funding investments in personnel and diplomacy, research and development and new military initiatives. The legacy of decisions taken during the Iraq and Afghanistan wars will dominate future federal budgets for decades to come.” [6].

Pamela Olsen (*a President's Scholar at 54-Nobel-Laureate Stanford University 1998-2002 with a major in Physics, a minor in Political Science, lived and worked in the Palestinian West Bank, worked as a researcher in Moscow, Siberia, and China , research analyst at the Institute for Defense Analysis, and the author of “Fast Times in Palestine”*) has recently commented critically on the huge cost of Israel to the US (2013): “Israel's cost to American taxpayers has remained high since Stauffer's 2003 study. The US currently gives Israel an average of \$3 billion a year in military aid, under an agreement signed by the Bush administration to transfer \$30 billion to Israel over ten years, starting in 2009... And if, as many experts believe, the US would not have invaded Iraq without intense and sustained pressure from Washington insiders who advocate actively on behalf of Israel, this adds yet another dimension of staggering cost to the equation... The Israel lobby and partisans are currently gunning for a war with Iran with the same zeal they showed in the run-up to the 2003 invasion of Iraq . By all estimates, the costs of a war with Iran will be much higher than the Iraq war. In addition to the loss of life, analysts predict, for example, that if Iran 's oil production were taken out of the world market, gas prices would rise 25-70 percent... So now we are back to the question of why America continues to pour money into a state that commits daily human rights violations, defies US strategic interests, provokes rage and resentment among billions of people, competes with and crowds out US interests using technology subsidized by US taxpayers, and sells America 's military secrets to its enemies. The answer is simple and summed up well by professors Stephen Walt and John Mearsheimer in their ground-breaking article in the London Review of Books , "The Israel Lobby" and their book “The Israel Lobby and US Foreign Policy”... AIPAC, the American Israel Public Affairs Committee, is consistently ranked in the top two most powerful lobbies in Washington . And it is only one arm of the much larger, multi-faceted, and well-financed Israel lobby” [7].

### **3. \$0.7 trillion VSL-based costing of 88,000 US veteran suicides since September 11, 2001 in the era of the Zionist-promoted War on Terror.**

There is growing concern over the high rate of US veteran suicides that constitute about 20% of the 30,000 annual suicides in the US [8]. Over the last dozen years, there have been roughly 20 US veteran suicides every day i.e.  $365.25 \times 20 = 7,305$  per year and about 88,000 since the start of the Zionist-

promoted War on Terror in September 2001 [9]. This horrendous death toll of 88,000 dead US veterans linked to traitorous and racist Zionist-promoted wars for the benefit of Apartheid Israel is about 3,000 times greater than the 34 US servicemen deliberately murdered by Apartheid Israel in its 1967 attack on the USS Liberty [7, 10].

It is impossible to value a life but one crude approach is through the Value of a Statistical Life (VSL) which can be defined as the value placed on changes to the likelihood of death [11]. The US Environment Protection Authority (EPA) has recently estimated the Value of a Statistical Life (VSL) at \$8 million, this indicating the average social investment in hospitals, security, workplace safety etc to keep a person safe. The VSL can be seen, for example, as an accounting estimate of the cost of life-saving government regulations i.e. a risk-avoidance-based cost of preserving a human life in a given group [12]. On this measure the assumed war-related suicide of 88,000 US veterans obviates a social expenditure of \$8 million per person x 0.088 million persons = \$0.7 trillion.

#### 4. A \$125 trillion cost associated with 15.6 million preventable American deaths since September 2001, of which about \$30 trillion can be attributed to US fiscal perversion supporting Apartheid Israel .

About 1.3 million Americans die preventably each year, the breakdown being as follows: 15,000 Americans are violently murdered annually; 21,000 avoidable under-5 year old US infant deaths annually; 21,000 US opiate drug-related deaths annually from US restoration and protection of the Taliban-destroyed Afghan opium industry; 30,000 Americans suicide annually, with 1 in 5 being US veterans; 31,000 gun-related US deaths annually; 33,000 Americans killed by motor vehicles each year; 45,000 US deaths annually from lack of medical insurance; 70,000 Americans die annually from air pollution (e.g. from coal burning, vehicle exhaust, carbon burning in general); 75,000 American alcohol-related deaths annually; 225,000 deaths per year in the US from iatrogenic (medical personnel-related) causes ; 300,000 Americans die from obesity-related causes; and 443,000 Americans die from smoking-related causes (roughly 1 in 5 of all deaths and 49,000 or about 10% from passive smoking) [13, 14]. Some qualifications can be offered e.g. it should be noted that some of these areas overlap e.g. homicides and suicides overlap with gun-related deaths, and smoking-related deaths would take a long time to stop after nationally legislated cessation of smoking.

This huge carnage of 15.6 million preventable American deaths since September 2001 must be seen in the context of a fiscal perversion outlined in section #1-3 above in which \$8-10 trillion in roughly today's dollars has been committed in this period by the Neocon American and Zionist Imperialist One Percenter American Establishment to the strategic interests of nuclear terrorist, democracy-by-genocide Apartheid Israel. The World Health Organization (WHO) informs us that in 2011 the total US health expenditure was 17.9% of the GDP [15] and the US GDP in 2011 was \$14.4 trillion [16] i.e. the 2011 annual total health expenditure of the US was  $0.179 \times \$14.4 \text{ trillion} = \$2.6 \text{ trillion}$ . Thus the upper estimate of a \$10 trillion cost of Apartheid Israel to America is equivalent to about 4 years of the post-September 2001 total health expenditure of America. Alternatively, this \$10 trillion fiscal perversion could have otherwise been used to increase the total American health expenditure since September 2001 from about \$30 trillion to \$40 trillion.

The estimate of 1.3 million preventable American deaths per year means  $12 \times 1.3 \text{ million} = 15.6 \text{ million preventable deaths}$  since September 2001. Applying a VSL of \$8 million person yields a

notional cost of 15.6 million x \$8 million = \$125 trillion. If we accept the estimate that 25% of these preventable deaths can be attributed to 25% less US health funding (i.e. the total American health expenditure being \$30 trillion since September 2001 rather than \$40 trillion due to the pro-Zionist, pro-Apartheid Israel fiscal perversion) then we can add a further \$125/4 or about \$30 trillion to the cost of Apartheid Israel to America .

## Conclusions

Zionist-subverted American Government support for Apartheid Israel in circa 2008 dollars totals about \$40 trillion, the breakdown being (1) \$3 trillion (1948-2003), (2) \$4-6 trillion (Zionist-promoted Iraq and Afghan Wars), (3) \$0.7 trillion (the VSL-based cost of 88,000 US veteran suicides since September 2001) and (4) about \$30 trillion (one quarter of the VSL-based cost of 15.6 million preventable American deaths since September 2001).

Like the other Western democracies, the United States is a Murdochocracy, Lobbyocracy and Corporatocracy in which Big Money buys people, politicians, policies, parties, public perception of reality, votes and political power. Lying Mainstream media simply won't report the 2 million Palestinian deaths since 1936 in the Palestinian Genocide from violence (0.1 million) and violently-imposed derivation (1.9 million) [17], the 12 million Muslims who have been killed through violence (3.5 million ) or war-imposed deprivation (8.9 million) in the post-1990, Zionist-promoted US War on Muslims [18] , or the 10 million Muslims who have died from violence (3 million) or from war-imposed deprivation (7 million) since the US Government (with likely Zionist and Israeli involvement) almost certainly committed the 9-11 atrocity against the American people (see "Experts: US did 9-11", [19]) - indeed the larger the crime, the more assiduous the Mainstream media censorship and Mainstream media lying [20-27].

The US has invaded 70 countries since 1776 [28] and is now evidently getting ready to war criminally invade and devastate Syria after several years of supplying one side of the civil war. However US hegemony over the world has come at a huge price. Thus each year about 18 million people die avoidably from deprivation on Spaceship Earth with the US in charge of the flight deck. Indeed it is estimated that 1.3 billion people have died from deprivation since 1950, this including 1.2 billion non-Europeans and 0.6 billion Muslims, the latter Muslim Holocaust being 100 times greater in death toll than in the WW2 Jewish Holocaust (5-6 million killed, 1 in 6 dying from deprivation) or the "forgotten" WW2 Bengal Holocaust in which the British with Australian complicity deliberately starved 6-7 million Indians to death for strategic reasons [29-31].

The horrendous human cost to America of support for Apartheid Israel by the Neocon American and Zionist Imperialist One Percenters can be quantified in terms of a \$40 trillion committed financial cost in circa 2008 dollars since 1948 and some 4 million preventable American deaths in this century alone – a Zionist-imposed American Holocaust that goes unreported because of Neocon American and Zionist Imperialist-perverted Mainstream media, politicians and academics. 99% of Congress are pro-Zionists and 20% are Jewish Zionists (although the Jewish population of America is only about 2% of the total). In contrast, about 80% of African American males in Chicago (a city with a Jewish Zionist mayor, the son of an Irgun Zionist terrorist involved in the ethnic cleansing of Palestine) [32] and 27.4 % of African Americans live and die in poverty [33].

What can decent people do? Decent people are obliged to speak out against all human rights abuse and the horrendous, genocidal crimes of Apartheid Israel and its US Alliance supporters in particular (see “Jews Against Racist Zionism” [34], “Non-Jews Against Racist Zionism” [35] and “Boycott Apartheid Israel” [36]). Decent, patriotic Americans, and indeed all decent people who care for ordinary Americans and their fellow human beings in general, should inform everyone they can about the Zionist-imposed American Holocaust and Zionist perversion of an America in which 1.3 million Americans die preventably each year linked to the Neocon American and Zionist Imperialist One Percenter fiscal perversion of committing trillions of dollars to killing Muslims abroad rather than saving American lives at home. Americans must wake up to the deadly perversion of their society by the traitorous and genocidally racist Zionists and their neocon supporters. The traitorous, genocidally racist Zionists and their neoconservative supporters should be exposed and sidelined from public life as have been like racists such as the Nazis, neo-Nazis, Apartheiders and KKK. Please tell everyone you can.

## **References.**

- [1]. Dr John Gault, “Dr. Thomas R. Stauffer, 1935-2005: some personal reflections”, Harvard University Center for Middle Eastern Studies, 16 February 2006:  
<http://cmes.hmdc.harvard.edu/ecmes/alumni/stauffer>.
- [2]. Thomas R. Stauffer, “The costs to the American taxpayers id the Israeli-Palestinian conflict: \$3 trillion”, **Washington Report on Middle East Affairs, June 2003, pages 20-23 :**  
<http://www.wrmea.org/wrmea-archives/251-washington-report-archives-2000-2005/june-2003/4641-the-costs-to-american-taxpayers-of-the-israeli-palestinian-conflict-3-trillion.htm> .
- [3]. **Joseph Stiglitz** and Linda Bilmes, “The Three Trillion Dollar War: The True Cost of the Iraq Conflict” (W.W. Norton, 2008).
- [4]. **Joseph Stiglitz** and Linda Bilmes, “The true cost of the Iraq war: \$3 trillion and beyond”, Washington Post, 5 September 2010:  
<http://www.washingtonpost.com/wp-dyn/content/article/2010/09/03/AR2010090302200.html> .
- [5]. **Eli Clifton**, “Bill for Afghan War could run into trillions”, **Information Clearing House, 18 May 2010** : <http://www.informationclearinghouse.info/article25479.htm> .
- [6]. Linda Bilmes, “The Financial Legacy of Iraq and Afghanistan : How Wartime Spending Decisions Will Constrain Future National Security Budgets”, Harvard John F. Kennedy School of Government Faculty Research Working Paper Series RWP13-006, March 2013:  
<https://research.hks.harvard.edu/publications/workingpapers/citation.aspx?PubId=8956&type=WPN> .
- [7]. Pamela Olsen, “The staggering cost of Israel to Americans”, **Information Clearing House, 2 April 2013**: <http://www.informationclearinghouse.info/article34485.htm> .
- [8]. Rob Hotakainen, “Concern grows over “epidemic” veteran suicide rate”, The Tribune, 26 May 2011: <http://www.thenewstribune.com/2011/05/26/1680716/concern-grows-over-epidemic-veteran.html> .

- [9]. Dr Janet Kemp and Dr Robert Bossarte, “Suicide data report, 2012”, Department of Veterans Affairs, Mental Health Services, Suicide Prevention Program, especially Figure 3: <http://www.va.gov/opa/docs/Suicide-Data-Report-2012-final.pdf> .
- [10]. “USS Liberty incident”, Wikipedia: [http://en.wikipedia.org/wiki/USS\\_Liberty\\_incident](http://en.wikipedia.org/wiki/USS_Liberty_incident) .
- [11]. “Value of Life”, Wikipedia” [http://en.wikipedia.org/wiki/Value\\_of\\_life](http://en.wikipedia.org/wiki/Value_of_life) .
- [12]. Gabriel Nelson, “EPA plans to visit a touchy topic – the value of saved lives”, New York Times, 18 January 2011: <http://www.nytimes.com/gwire/2011/01/18/18greenwire-epa-plans-to-revisit-a-touchy-topic-the-value-75301.html?pagewanted=all> .
- [13]. Gideon Polya, “ **One Million Americans Die Preventably Annually In USA** ”, Countercurrents, 18 February 2012: <http://www.countercurrents.org/polya180212.htm> .
- [14]. Barbara Starfield, “Medical errors – a leading cause of death”, Journal of the American Medical Association (JAMA), vol. 284, no. 4, 26 July 2000: [http://www.cancure.org/medical\\_errors.htm](http://www.cancure.org/medical_errors.htm) .
- [15]. “World Health Organization”, USA data: <http://www.who.int/countries/usa/en/> .
- [16]. US GDP: <http://www.tradingeconomics.com/united-states/gdp> .
- [17]. “Palestinian Genocide”: <https://sites.google.com/site/palestiniangenocide/> .
- [18]. “Muslim Holocaust Muslim Genocide”:  
<https://sites.google.com/site/muslimholocaustmuslimgenocide/> .
- [19]. “Experts: US did 9-11”: <https://sites.google.com/site/expertsusdid911/> .
- [20]. “Boycott Murdoch media”: <https://sites.google.com/site/boycottmurdochmedia/> .
- [21]. “Censorship by The Conversation”:  
<https://sites.google.com/site/mainstreammediacensorship/censorship-by> .
- [22]. “Mainstream media censorship”: <https://sites.google.com/site/mainstreammediacensorship/home> .
- [23]. “Mainstream media lying”: <https://sites.google.com/site/mainstreammedialying/> .
- [24]. “Censorship by The Age”: <https://sites.google.com/site/mainstreammediacensorship/censorship-by-the-age> .
- [25]. “Censorship by ABC Late Night Live”:  
<https://sites.google.com/site/censorshipbyabclatenightlive/> .
- [26]. "Censorship by ABC Saturday Extra":  
<https://sites.google.com/site/censorshipbyabclatenightlive/censorship-by-abc-sat> .
- [27]. “Censorship by the BBC”: <https://sites.google.com/site/censorshipbythebbc/> .
- [28]. Gideon Polya, “US has invaded 70 nations. Make 4 July Independence from America Day”, MWC News, 5 July 2013: <http://mwcnews.net/focus/politics/28254-us-has-invaded-70-nations.html> .

- [29]. Gideon Polya, “Body Count. Global avoidable mortality since 1950”, now available for free perusal on the web: <http://globalbodycount.blogspot.com/> .
- [30]. Gideon Polya, “Jane Austen and the Black Hole of British History”, now available for free perusal on the web: <http://janeaustenand.blogspot.com/> .
- [31]. Gideon Polya, “ Bengal Famine. How Australia & UK killed 6-7 million Indians in WW2”, MWC News, 27 September 2011: <http://mwcnews.net/focus/editorial/13742-bengal-famine.html> .
- [32]. Michelle Alexander, “The New Jim Crow. Mass incarceration in an age of color blindness”.
- [33]. Trymaine Lee, “Number of Americans living in poverty hits 52-year high, 27.4 percent of Blacks under the poverty line”, Huffington Post, Black Voices:  
[http://www.huffingtonpost.com/2011/09/13/number-of-americans-livin\\_n\\_960345.html](http://www.huffingtonpost.com/2011/09/13/number-of-americans-livin_n_960345.html) .
- [34]. “**Jews Against Racist Zionism**”: <https://sites.google.com/site/jewsagainstracistzionism/> .
- [35]. “**Non-Jews Against Racist Zionism**”:  
<https://sites.google.com/site/nonjewsagainstracistzionism/> .
- [36]. “**Boycott Apartheid Israel** ”: <https://sites.google.com/site/boycottapartheidisrael/> .
- Dr Gideon Polya** has been teaching science students at a major Australian university for 4 decades. He published some 130 works in a 5 decade scientific career, most recently a huge pharmacological reference text "Biochemical Targets of Plant Bioactive Compounds" (CRC Press/Taylor & Francis, New York & London , 2003). He has published “Body Count. Global avoidable mortality since 1950” (G.M. Polya, Melbourne, 2007: <http://globalbodycount.blogspot.com/> ); see also his contributions “Australian complicity in Iraq mass mortality” in “Lies, Deep Fries & Statistics” (edited by Robyn Williams, ABC Books, Sydney, 2007: <http://www.abc.net.au/rn/science/ockham/stories/s1445960.htm> ) and “Ongoing Palestinian Genocide” in “The Plight of the Palestinians (edited by William Cook, Palgrave Macmillan, London, 2010: <http://mwcnews.net/focus/analysis/4047-the-plight-of-the-palestinians.html> ). He has published a revised and updated 2008 version of his 1998 book “Jane Austen and the Black Hole of British History” (see: <http://janeaustenand.blogspot.com/> ) as biofuel-, globalization- and climate-driven global food price increases threaten a greater famine catastrophe than the man-made famine in British-ruled India that killed 6-7 million Indians in the “forgotten” World War 2 Bengal Famine (see recent BBC broadcast involving Dr Polya, Economics Nobel Laureate Professor Amartya Sen and others: <http://www.open.edu/openlearn/history-the-arts/history/social-economic-history/listen-the-bengal-famine> ). When words fail one can say it in pictures - for images of Gideon Polya’s huge paintings for the Planet, Peace, Mother and Child see:  
<http://sites.google.com/site/artforpeaceplanetmotherchild/> and  
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# Another Veteran Suicide In Front Of VA Emergency Department

[191 Comments](#) / [VA Healthcare](#) / By [Benjamin Krause](#)

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Reports have now floated across the blogosphere that another veteran suicide by gun occurred recently in front of the Amarillo VA, located in Texas.

At the end of last month, one veteran committed suicide in front of the Thomas E. Creek VA Medical Center on a Wednesday morning. One of my readers messaged me yesterday and asked me to highlight the veteran's suicide that likely was the result of poor or mismanaged mental health care at the facility.

The Amarillo Police Department was called to the VA Medical Center at 6010 W. Amarillo Blvd. shortly after 7 a.m. to find a man, whose name has not been released. That man was dead from a self-inflicted gunshot wound.

## Veteran Suicide Statement

"This morning, a veteran took his life in the front of the main hospital of the Thomas E. Creek VA Medical Center," Barbara Moore, Chief of Community and Patient Services at the VA hospital, said in a statement.

"In order to protect the veteran's privacy, we are not able to share any additional details. Our deepest condolences are extended to friends and family of the veteran. We are cooperating with local authorities on the investigation."

Is silence what the veteran wanted? Is VA truly trying to protect the dead veteran's suicide or are they trying to cover up the epidemic of veteran suicides nationwide?

## Remember Albuquerque?

This is essentially the same song and dance Albuquerque VA gave me after I inquired into a similar suicide outside that medical facility.

Only there, Albuquerque police claimed they were not involved in investigating or responding to the incident, citing the facility was on federal property. Apparently, the agency's ability to keep things quiet depends on the state that facility is in.

RELATED: [Media Blackout Of Bloody Veteran Suicide At Albuquerque VA](#)

The VA spokesperson said according to the latest statistics from the VA, approximately 20 veterans commit suicide each day, and six are in some type of VA care program.

VA has been unable to make a substantive dent in the number of daily veteran suicides despite record funding and research into the crisis since the start of the Iraq War.

RELATED: [No Media For Veteran Suicide Linked To Minneapolis VA Care](#)

“We urge veterans experiencing a crisis, as well as their family members, to contact the Veterans Crisis Line at 800-273-8255 (press 1),” Moore wrote. “This line is available 24 hours a day, seven days a week.”

Source: <https://amarillo.com/local-news/news/2017-07-26/veteran-commits-suicide-front-amarillo-va-hospital>

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**191 thoughts on “Another Veteran Suicide In Front Of VA Emergency Department”**

1.

***James Clement***

“In order to protect the veteran’s privacy, we are not able to share any additional details. Our deepest condolences are extended to friends and family of the veteran. We are cooperating with local authorities on the investigation.”

**ATTENTION ALL TEXAS VA EMPLOYEES:** The deceased veterans concern for their “privacy” ended the precise moment they executed proper trigger squeeze. Your public relations fluff statement only displays your callous, willful ignorance to all living veterans with normal intelligence.

Your “healthcare system” is a total failure which is nothing more than a fraudulent scheme to line AFGE employees pockets with taxpayer dollars, while providing the vast majority if our nations veterans with nothing but heartache and administrative terrorism.

Thank You for your service, indeed. Rotten, Worthless Bastards!

It is high time for some real leadership at the VA. Leadership that speaks truth publicly about how bad things have really gotten. Leadership that develops solutions to take better care of ALL our nations warriors.

Leadership that recognizes that when they are doing a good job —— it will be veterans singing their praises, rather than the VA needing a PR Agency to put out “Fluff Pieces” to mislead America.

Current VA leadership has their Brain Housing Group the size of mice and their Hearts no bigger. It is about TEN YEARS PAST TIME TO FIX THE DAMN BROKEN VA:

1. Recognize the problems inherent in the VA are SYSTEM-WIDE, not just limited to a few locations.
2. Fire all the Lazy No Good Workers. Fire EVERY single AFGE/SES Employee.
3. Sell off all the VA facilities. Alternatively, they may be converted into housing for homeless veterans.
4. Issue all veterans a card that allows them to choose their own doctors within their community that they can TRUST.
5. The United States Government will PAY those doctors promptly (Within 45 days) for the care they provide veterans.
6. ELIMINATE the “Federal Protection” Umbrella for incompetent QUACKS that the VA sends to other states to practice other than their own. Going to practice in Hawaii? You need to be LICENSED in Hawaii. Same applies to all other states.
7. Any claim a veteran submits to the VBA that requires more than 90 days to adjudicate, is automatically found to be in favor of the veteran. If a VBA claim filed by a veteran is found to be a false one designed to scam the system, the VA will have to prove in civil court that a false claim was intentionally submitted.
8. All veterans will be allowed to seek/retain the services of a Veterans Rights Attorney from their first initial contact with the VA.
9. No AFGE, nor any other Labor Union business will be allowed to take place in any Federal Workplace. Conducting Union Business during working hours will be STRICTLY

**PROHIBITED**, and will be STRICTLY ENFORCED. Should any government employee be found violating this provision, it will result in IMMEDIATE LIFETIME DISMISSAL FROM ANY/ALL GOVERNMENTAL EMPLOYMENT.

10. Attorneys for appeal will be retained at the former employee's PERSONAL expense. U. S. Taxpayer's will not be subject to payment of legal bills for incompetent or dishonest personnel with regards to Governmental Employment.

You have my contact information Mr. Secretary. Call me anytime. I have a lot of ideas to help you improve the services provided to my fellow veterans. I will not hesitate to speak up at all.

For my fellow veterans who have been ill-served by this CLUSTERFUCK of a train wreck called the VA over the years:

Our battles overseas were far less stressful than our war here at home. Never Cruel or cowardly. Never Give Up. Never Give In. We are on the Righteous path.

POTUS Reagan broke up PATCO in the '80's. Time for POTUS Trump to break up the AFGE. Most of our current Congress Critters do NOT have Veterans Interests at heart. Perhaps their replacements will. VOTE OUT all these WORTHLESS INCUMBENTS.

Give their replacement's one term to take care of Veterans who put aside their own personal lives to answer this nation's call when she needed them. Many of those Veterans suffer the remainder of their lives for doing what most of their countrymen had not the courage to do.

If they cannot MUSTER THE STONES to do it properly -- vote their worthless asses out as well. Party should NOT MATTER. What SHOULD MATTER is their VOTING RECORDS ON VETERANS ISSUES.

Rhetoric is cheap. Congressional Voting Records speak louder than words.

NO Combat Veteran should be surprised when the next McVeigh, Congressional Baseball Team, or Charlottesville Incident occurs. Bound to happen. Just a matter of time . . .

We have now reached the next accelerative phase of our country falling apart. Country before Party. Principles before Personalities. Always.

Want to REALLY fix the VA? The next SecVA needs to be a former Enlisted Man with a few serious axes to grind against the VA and the AFGE. Apparently, Former Flag Officers and SES appointed Civilians can't cut the mustard . . .

Maybe a SINCERELY MOTIVATED Gunnery Sergeant or Chief Petty Officer CAN.

Disgruntled Veteran  
1973 – 1976 USMC  
1978 – 1993 USN  
Wounded Warrior  
San Francisco, California

## **M L**

I can tell you that the VA hospitals are not doing much good in accommodating the veterans. For the past 3+ years the pharmacy has been deliberately delaying my pain medications. Along with that, my PCPs' nurse manager is horrific! She will not do anything with the messages I send to my PCP! There have been many occasions where I had sent messages requesting a fill of my pain medications (as instructed by my PCP) only to have her reply to my message with "sent" or "forwarded to your PCP" but wont commit to any answers. I log every question and reply to show patterns of their behaviors but it does no good because none of the politicians will pursue answers if it is not a quick solution for them that they can get quickly. I was failed by Virginia's Congressman, Governors, and Senators (many times) despite my sending them proof. We are living in a shameful time where the VA can be reckless to the point where Veterans feel that they have to commit suicide to 1) end their own anxiety and suffering about the VA and their treatments and 2) to bring focus on an everyday issue that is effecting veterans throughout the U.S.

### **1.**

#### **VA NEPOTISM OHIO**

M L. I read what you said. I get it. makes sense to me. Diseased animals should be fired. I second that. I beleive you. You and many, many other veterans and former soldiers are being failed by the VA...

### **2.**

#### **VA NEPOTISM OHIO**

M L. So much for MYVA.

The VA: A place where the Federal Employees, who get in through social works and Nepotism. At least that is how it works here at the VA's here in Ohio.

MYVA: A place where VA (Non Veteran) employees are protected, and the patients, who are disabled veterans, injured former soldiers, and vulnerable ex-soldiers are thrown under-the-bus often and a lot. A place where in service injuries are manipulated, symptoms are manipulated, disorders are falsified, facts are omitted in medical notes, and facts in medical treatment notes are "Gaslighted", often and a lot.

\*Gaslighting or "to Gaslight". Is form of psychological abuse. That is done often and a lot by the VA employees to disabled patients, that can not defend themselves.

Gaslighting: Where it is said, that you may had said something or had did something, that you had not done. It is mind manipulation. Or to say somebody said something, when they never said the statement at all. This often done to disabled veterans at the VA, "gaslighting".

Example: Putting in ones treatment notes, that the soldier has: ADD, have personality disorder, or Adjustment disorders (And putting bogus symptoms to justify these bogus disorders) or had bi-polar from when they were a child, creating a pre-existing injury to cover-up the in service injury. When reality and all honesty, the former soldier has

PTSD, MDD (majore Depressive disorder), or anxiety disorder. All to keep the injured soldiers from collecting entitlements, deserved and earned benefits.

MYVA: Great pay, super benefits, great medical care insurance, malpractice insurance paid for by the VA, promotions, bonuses, and a license to mistreat the vets with impunity. MYVA: Where (Non Veteran) employess are protected often and a lot.

MYVA: A place where if you are an employee (non veteran) you are well protected, much like a child molestor is protected in a “Pedophile Ring”...

MYVA...

1.

**James Gallegos**

Are u a VA employee or veteran. The way you wrote ur post, let's me know you have personal insite to how this work's.

Unfortunately you are correct and may I ask why do you think they are doing this to veterans.?

Are we veterans right in believing the VA is out to sabatoge veterans to make sure they do not receive their deserved disability.

Do you know anything about the illegal disruptive committee and how they are using the disruptive committee to punish veterans, in hopes they will commit suicide.

Yes, VA employees will make up things only as a retaliatory act against veterans and fellow employees.

We have posted on this site many time's that all veterans must get copies of their medical records. They are also warned to be prepared to see some very disturbing writings by va employees.

Why do you think they are doing this and knowing it is wrong. Are veterans nothing more than a piece of meat, for them to test.

Your in site is right on point.

.have any suggestions for veterans !

3.

**James Gallegos**

I wrote to senator Bennett's office in colorado and gave him all the evidence needed for action against the VA for punishing me through the disruptive committee.

Senator Bennett's office reply. We can not make the VA do anything ! So what good are they.

Some employees will destroy the VA and America.

1.

### **VA NEPOTISM OHIO**

James. That is horrible. A senator (senator Bennett) is saying that. Might want to talk with a veteran's attorney. Sometimes a local private attorney that is certified in VA policies and VA law will help you for free. Sometimes lawyers are veterans or their family members have been service members, and they do care. Because the lawyers often know we(injured veterans and disabled former soldiers) are getting screwed so much at the VAs. Try the DAV, American Legion, VFW, etc...

It is so hard sometimes for us. Sometimes we are isolated, and left vulnerable after years of losses. Had to endure so many hardships not only in service but after service. Some of us, after decades of suffering are left with nobody. And some of us disabled vets and injured former soldiers, lack the education and support to create a quality letter. Even more of us are too proud to ask for help. And if we go to the VA, we are shamed by these (non veteran) employees, and made to feel guilty.

Can you turn some of those VA medical staff into the board of ethics in Colorado, or write the Attorney General or VA OIG? Write a letter, and make copies of it at your local public library.

Remember our breed (We as former soldiers) and that we were taught to fight. We were the guys that brought the artillery pieces down from FT ticonderoga in the middle of winter in order to turn back the British. We were in the spirit of the soldiers who charged ft wagner. We were the toughest that jumped on the machine guns to shoot down the zeros at Pearl Harbor. And we were in the breed to carry our buddies at bataan when the Japs were cutting their heads off due to fatigue and wounds. We Dont give up. Don't give up the fight James.

2.

### **James Gallegos**

I have been fighting this since 2004when a disgruntled va employee reported me as coming into my local clinic at least twice a month and become disruptive.

She also stated I said, I wanted to murder people at my local clinic !

The VA jumped in her fake reporting, I have contacted the DAV and the DAV representative did such a good job, with my case, that the employee acussing me, hired the DAV representative.

So, that is telling me that the DAV representative, gave all the evidence I gave her was given to the employee.

I have tried to find an attorney to assist and have been unable to find any one !

Now, I have collected real evidence that proves my case. This has been sent to Secretary Shulkin and to the congress and the Senate committee on veterans affairs.

This was sent in may and I have not been contacted as of today. The VA admits they can not even put me at the facility at anytime.

I have filed charges against the VA employee who reported me, I charged her with criminal libel ! This is a class 6 felony.

Since the employee and the VA published this in my official medical records as fact !

I will never stop fighting to clear my good name, 3 year's active duty, 6 year's after with the guard, 22 year's with the VA As an administrative assistant.

The employee who reported me had 0, military service.

I have a traumatic brain injury and it hinders me in finding the proper people. Secretary Shulkin stated " those VA employees who should not be working at the VA, will not be working at the VA !

So it's a wait and see situation !

#### 4.

*cj*

@M L: Same in Illinois, and in every state.

Useless lawmakers, the VA tells them to go fuck themselves, and they do. I think maybe the unions are in charge, not pansy ass lawmakers.

Illinois congressman Randy Hultgren, his office was contacted, and asked to enforce the law concerning medical treatment of SC injuries. The answer from the James Lovell FHCF? Go fuck yourself, what's the congressman do? Turns a blind eye and says "they won't listen" nothing further they could do.

Within two days I forced them to abide by the law, or face a federal judge.

Hmm, maybe the congressman should step down, and let someone with a good pair of balls take over!!!

I agree with others, it's time for a takeover.

#### 3.

***Don Karg***

08/17/2017

Dear Benjamin Krause,

Sunday I sat down with a Veteran [my old bass player] and he pointed out that everything at the Phoenix VA was great, and he reinforced the statement from two other Veterans I knew [one was my old guitar player].

I told him that is great but if everything was so “peachy”—Why do I have 40 books on the VA Scandal or 40,000 pages?

I told him for you things may be getting better—and that is good—and overdue. But there are many who are not getting the care they need and which they deserve.

And I told him you cannot wipe away the 508 Dead Veterans [last sum of the total since October of 2016]. We should be nearing a body count of 600 at the Phoenix, AZ VA.

Management has not changed around me—and I am sure management has not changed around the veterans.

More pressure must be placed on Management to stay on the correct course.

VA Suicides are no mistakes—they are reflections of the situation.

Sincerely,

Don Karg

**1.**

***ML***

Don,

It seems that the Secretary (past and present) have been shuffling directors and managers around instead of removing them and holding them accountable. I have some teammates who were take care of perfectly and have had no worries and I have had others who are like myself (been fighting and fighting for many years). I have yet to find a pattern of behavior that makes sense. About 7 years ago I was able to have one of my teammates on the ‘inside’ of the VA confirm that ‘someone’ had it out for me and was deliberately making things difficult. I requested that they did not give me the name of the person as I did not care WHO it was, just that I was not going crazy thinking someone was making life difficult deliberately. Which they were. Right now the VA is happy just to keep delaying my pain medications, despite my constant communication and attempts at keeping their behavior out of the media but I believe time has come where we all need to organize in order to become one voice and one power. The VA feels safe because there may be thousands of veterans that are not getting the treatments they deserve or are having difficulties but those are individual voices. If we come together we will have a bigger voice. I am trying to figure out how to make that happen.

Mark

**1.**

**James Gallegos**

If an employee us out for you, don't u think they may be hurting other veterans.?

You have an obligation to those veterans to expose that or those employees.

They don't care about you, why should you care about them.

Many employees know other employees are doing wrong, some blow the whistle and other's look the other way.

Two wrongs does not make a right. Ever think the reason your having problems, is that employee.

Speak up for yourself and for other's, reporting bad employees could possibly save agave veterans life.

#### 4.

##### ***OLDMARINE***

In 2008 the US spent more money every 5 seconds to wage an immoral, unlawful war in Iraq than the average working American earned all year long. 80% of America's taxes are earmarked towards funding the annual Pentagon budget to wage war around the world. When that kind of war investment misappropriating US citizenry's hard-earned tax dollars places such lopsided priority over the well-being of its own people, with over a decade of wearing down an overextended military forced into fighting three, four and even five consecutive combat tours on two simultaneous warfronts, it also overburdened and decimated America's middle class. And now for the first time in nearly a half century, the US middle class is no longer a majority in the United States. A large chunk of it died when sinking into an expanding lower class of impoverished, poverty-stricken Americans barely making ends meet.

"<https://geopolitics.co/2017/08/17/its-time-to-stop-supporting-our-troops>"

#### 5.

##### ***Leatherneck***

Does anyone know any of our Veterans knows that our Senators and Representatives are Veterans except stupid McCain?

###### 1.

###### ***namnibor***

Lindsay Graham, South Carolina, USAF. (joined at hip to Insane McCain, equally useless on Veteran Issues)

Also, here's a link to all the varied photo ops of current congress critters that are also veterans and most of which usually only stir about Veterans when it's reelection season, very much like a groundhog, but staggered in 2 and 4 year increments rather than the groundhog's yearly spring forecast meanderings.

"[https://www.bing.com/images/search? q=current+congress+members+that+are+veterans&qpvt=current+congress+members+th at+are+Veterans&qpvt=current+congress+members+that+are+Veterans&qpvt=current+c ongress+members+that+are+Veterans&FORM=IGRE](https://www.bing.com/images/search?q=current+congress+members+that+are+veterans&qpvt=current+congress+members+that+are+Veterans&qpvt=current+congress+members+that+are+Veterans&qpvt=current+congress+members+that+are+Veterans&FORM=IGRE)"

Here's a pdf from Congressional Research Service on the 114th Congress and facts/profiles and stats:

"<https://fas.org/sgp/crs/misc/R43869.pdf>"

1.

***namnibor***

From page 8 of the posted pdf on Military Service of congress critters. I was equally surprised that 101 are Veterans....you would never know it, sadly. Self-absorbed groundhogs.

"[...At the beginning of the 114th Congress, there were 101 Members (18.7% of the total membership) who had served or were serving in the military, 7 fewer than at the beginning of the 113th Congress (108 Members) and 17 fewer than in the 112th Congress (118 members). According to lists compiled by CQ Roll Call, the House currently has 82 veterans (including 3 female Members, as well as 1 Delegate); the Senate has 20 veterans, including 1 woman.<sup>27</sup> These Members served in the Korean War, the Vietnam War, the Persian Gulf War, Afghanistan, Iraq, and Kosovo, as well as during times of peace.<sup>28</sup> Many have served in the reserves and the National Guard. Eight House Members and one Senator are still serving in the reserves, and six House Members are still serving in the National Guard.<sup>29</sup> All of the female veterans are combat veterans....]"

2.

***NiteWish***

Leatherneck, 115th Congress, there were 102 Members who had served or were serving in the military; I couldn't locate a list of names. "<https://www.hsl.org/?view&did=799015>"

AND

"[https://library.clerk.house.gov/documents/Military\\_Vets.pdf](https://library.clerk.house.gov/documents/Military_Vets.pdf)" = List of House of Representatives/Military Veterans by name

6.

***ANutterVet***

@Seymore Klearly --- Damn, you going to be the Investigative Research Reporter of "www.DisabledVeterans.org". I checked back, and boom, a list of no good actions by the VA. The damn Agency has loads of issues to report on. Never ending. --- Nutter.

7.

***Seymore Klearly***

You know all those now out of work terrorist Obama used to fund. The same ones that are now flooding Europe as refugees. The VA found a new job for them denying Veterans Claims. No doubt they will get the J1 Visas automatically.

“Europe program offers separating servicemembers VA jobs”

By WILL MORRIS | STARS AND STRIPES

Published: August 12, 2017

“KAISERSLAUTERN, Germany — A new program offering Department of Veterans Affairs jobs to servicemembers leaving active duty is now accepting applicants for a Europe-based training course.

Previously only available in the United States, the pilot program offered by the VA and the Soldiers for Life office allows servicemembers across Europe to train for jobs as either service representatives or as disability raters, officials said Friday.

Upon completion of training, new employees will be placed in one of 56 regional veteran service centers in the United States at a GS-7 or GS-9 pay grade, with annual salaries starting at \$35,359 for a GS-7 and \$43,251 for a GS-9. The employees will primarily process and issue rulings on veteran disability claims.”

**8.**

***Seymore Klearly***

“Investigation discovers staff ignored hole in roof for years at VA hospital in Spokane”

UPDATED: Fri., Aug. 11, 2017, 5:19 p.m.

[“https://www.spokesman.com/stories/2017/aug/11/investigation-discovers-staff-ignored-hole-in-roof/”](https://www.spokesman.com/stories/2017/aug/11/investigation-discovers-staff-ignored-hole-in-roof/)

“U.S. Rep. Cathy McMorris Rodgers’ frustrated attempts to secure changes for veterans’ care in Spokane just fell through the roof.

Based on complaints funneled through a group of veterans who have protested for a year about the lack of cooperation from the staff at Mann-Grandstaff VA Medical Center, McMorris Rodgers asked for staff from the House Veterans Affairs Committee to come to Spokane in June and investigate conditions at the hospital. Among the problems they discovered: a hole in the roof.

The hole apparently has been leaking water for about five years. McMorris Rodgers said VA staff has known about the problem, evidenced by the fact that someone had built a rectangular funnel to catch water dripping through the roof. The funnel channels water through a hose into a metal bucket.

But the make-shift-leak-management system is located only feet from hospital’s large electrical panel that fuels power to the entire facility, she said.

“Just how unbelievable it was to learn we had a leaking roof,” McMorris Rodgers said. “And it’s been going on for years and hasn’t been addressed.””

**9.**

***Seymore Klearly***

VA Doctor takes early bonuses!!!

“Doctor admits scamming Veterans Administration out of \$238K”

NJ Advance Media, Posted on August 16, 2017 at 6:41 PM

[“https://www.nj.com/essex/index.ssf/2017/08/doctor\\_admits\\_scamming\\_veterans\\_administration\\_out.html”](https://www.nj.com/essex/index.ssf/2017/08/doctor_admits_scamming_veterans_administration_out.html)

“NEWARK — A cardiologist from Somerset pleaded guilty Wednesday after billing the government for hundreds of medical tests he never actually conducted, Acting U.S. Attorney William E. Fitzpatrick said.

Apostolos Voudouris, 44, has agreed to pay more than \$476,000 as part of a civil settlement and another \$238,000 in restitution.

Voudouris began providing medical services under contract at the Veterans Affairs Medical Center in East Orange in 2006. Between 2011 and 2015, he submitted more than 350 false claims, fraudulently receiving \$238,000 in fees.

He faces up to 10 years in prison when he’s sentenced in December.”

## 10.

### ***Seymore Klearly***

Veterans get it up the backside again!

“Buffalo VA medical center health alert”

WGRZ 11:06 PM. EDT August 16, 2017

[“https://www.wgrz.com/news/buffalo-va-medical-center-health-alert/464918325”](https://www.wgrz.com/news/buffalo-va-medical-center-health-alert/464918325)

“BUFFALO, N.Y. – Instruments used in 526 colonoscopies at the Buffalo Veterans Affairs Medical Center may not have been properly sanitized. The patients who underwent the procedure will receive letters offering free testing.”

Some one is getting a big bonus this year from the VA.

## 11.

### ***Seymore Klearly***

“Minnesota attorney general accuses 2 lending firms of scamming seniors, veterans”

By S.M. Chavey / St. Paul Pioneer Press Today at 8:45 p.m.

[“https://www.dglobe.com/news/4313499-minnesota-attorney-general-accuses-2-lending-firms-scaming-seniors-veterans”](https://www.dglobe.com/news/4313499-minnesota-attorney-general-accuses-2-lending-firms-scaming-seniors-veterans)

“Billie Joe Slater, 72, of Mounds View, receives benefits from her late husband’s military service. When she found out her springer spaniel — “my baby,” she says — had cancer and needed surgery, Slater said she had to borrow money from FIP. When the \$2,100 arrived, she used it immediately.

The contract was sent over later and Slater discovered she would be required to pay back \$350 every month from her late husband’s benefits for 60 months — not 16 like she was originally told. In total, she is required to pay \$21,000, 10 times the amount she borrowed, at an annual percentage rate of 200 percent.

Cecelia Gleb borrowed \$2,249 to pay off debts. She said \$300 is taken out of the \$386 she received monthly from her former husband's military pension for five years, totaling \$18,000.

Stephen Schmelz was a disabled veteran trying to catch up on medical bills. He said he was charged \$27,000 for his \$2,700 loan. He called the company "snakes in the grass."

"They know that we need the money desperately, they know that we have a fixed income, and they know that that's going to be a direct payment every month," Schmelz said. "Based on that they said 'okay' to me."

12.

**Jo3n**

@James Alto, I like your diligence. Wish I had your knowledge of the law. You do know that the VA doesn't follow the law. With what you have going, and knowing the law, I hope you become a regular and keep us updated on your issues. Thanks, I am grateful for Veterans like you.

13.

***James Alto***

I know how veterans are leaving this world because of how we are treated by the VA. . I just had another grand Mal seizure because of trying to submit a letter to the VA over dental treatment disagreement. For the do not have a plan to deal with disagreements other than the veteran to submit additional information within 14 days which I have done. Now I wait for the response. To patient advocate submitted my information to VA Dental . And I am already preparing a appeal for know not what they do! I guess stupid is as stupid does. I have already did too much by writing this. If it wasn't for family I would probably be in the same boat as others that have opted to check out. They know not who they are dealing with for I know logic which all rules are based and I have done nothing wrong except to trust the VA for I wrote rules before & I will use their own rules against them as I have done with other agencies who have tried & failed to take my rights away! Including the FBI, the VA the social Security, and IRS when I abide by rules & know how to use them to my best advantage. If I have this benefit not approved I will use my training and experience & use it against them until I can no longer do so, I should have been an attorney! I make no threats but a promise that I will do everything I can until I die to, right the wrongs by using the laws to my best advantage and it will cost them time and restricting for past wrongs!

1.

***cj***

@James Alto: James, that is exactly the right mindset to have, why would anyone give these bastards the satisfaction of checking yourself out, when you could use your anger to be a permanent thorn in their sides?

I commend you for your fortitude to take it and give it back 10 fold. Keep up the good work James.

2.

***ANutterVet***

@James Alto -- Good. Your on the right track. Finding those loopholes is the name of the game, especially if you know that the VA can't wiggle out of it. When you got them against the wall, sad to say, I'd give them no damn mercy. When you finish with this endeavor, please post back. We love to hear about victories. In the meantime though, keep posting comments. God speed, and good luck with your maneuvers. -- Nutter.

14.

***ANutterVet***

@Seymore Klearly -- I've noticed a dramatic slow down of my emails coming in. Some are 8-12 hours old. Is it possible that the 5G network could be causing this? Or a lot more traffic in the Philadelphia-DC metro line (all the stuffs happening in the US Executive level) per the path of using the web? Seems strange. I just recently took notice of this tonight. -- Nutter.

15.

***lily***

I'm kind of surprised that more vets aren't going on shooting rampages st the VAMC. Why off yourself without taking down the doctor who ruined your life?

1.

***VA NEPOTISM OHIO***

**VA NEPOTISM OHIO**

The doctors are horrible, and unethical at the VA's in Ohio. At least the ones I have encountered here at the VA in Ohio. Most of the VA Doctors, if not all of them in Ohio should be sued for malpractice. VA Nepotism and Regional Nepotism: Somehow, they all social networked to get in, of similar religions, or somehow they are all related, or from the local areas around the VA Hospitals. These VA non veteran doctors and non veteran employees medical license's should be yanked immediately.

Big pay checks, free malpractice insurance, great benefits, promotions, and all the disabled former soldiers they can screw and hurt with impunity. And these VA non veteran employees, and non veteran VA doctors protect each other like a pedophile ring!!! The VA non veteran doctors and non veteran employees make me sick. They care more about keeping the injured veterans and disabled former soldiers in poverty and

confusion then they do about actually helping the vulnerable former soldiers. if you shoot yourself, they dont care.

They lie, lie, and lie, and treat the injured veterans and disabled former soldiers as if they are criminals. If you can get an IME (Independent Medical Exam) from outside the VA with a private doctor in Ohio. Get one! If you get an IME (Independent Medical Exam) from an outside the VA in Ohio. Mostly and always, the private doctor's opinion will be completely be opposite of the VA's corrupt doctor's opinions. Because all about saving money, and keeping the poor working class injured veterans and disabled former soldiers away from their benefits. It is terrible.

\*To name just a few VA bad doctors and morally bankrupt doctors in Ohio:

1. Pamela Sue Sherer Non Veteran Akron Ohio VA Waterloo Road, 2. Eric Canna Akron Ohio VA Waterloo Road, and 3. "The Benefits Assasin", and "Hatchet Man", Peter Barach AKA DR FRANKENSTEIN at Wade Park Cleveland Ohio VA (Non Veteran, Draft Dodger 1969-1973, mental deferment for mental illness so to get out of military service from 1969 to 1975).

## 16.

### *ANutterVet*

Important -- According to Purdue Pharma L.P., "the inactive ingredients in OXYCONTIN can be expected to result in local tissue necrosis, infection, pulmonary granulomas, and increased risk of endocarditis and valvular heart injury."

BPig Farma keeps a lot of information behind the scenes. I've never even heard of the above possible medical issues one can get with the long term use of OxyContin (Extended Release). Even the inactive ingredients are dangerous. Wow, why don't the VA inform us Veterans? I know one thing, the VA isn't even close to 1% of being on board with my medical diagnosis and related Treatment Plan.

I say 1%, because that only relates to the VA in knowing that I need medical care. Due to the VA not having an accurate results from a certified-licensed Physician, the VA is missing the boat by 99% in providing me with a Medical Treatment Plan for the recovery of my health.

This is an important point that I want to make. If your planning on receiving health care from the VA, please obtain a Medical Treatment Plan from your Primary Care Provider or other licensed VA Medical Professional. A Medical Treatment Plan should outline exactly what and how the VA intentions and programs that they VA is going to treat you with.

A Medical Treatment Plan is used as a measure to determine what the VA is supposed to provide you, and that you can measure the results of your treatment from the VA. If the VA deviates from your Medical Treatment Plan, and you know that this deviation is based on neglect or incompetency, guess what folks, now you have proof against the VA to possibly file a VA Medical Malpractice suit.

Additionally, make sure that you have your Medical Treatment Plan signed by the direct licensed Physician that is treating you. Good advice for better care, and better results, no matter how you look at it.

After all the research that I've been doing over the many grueling months, the legal side sometimes will come a chugging out. I hope my information is able to assist and help someone.  
--- Nutter.

17.

**Jo3n**

@Ted, first off, welcome...What you are saying is the heart of this site. Veterans helping and listening to other Veterans. Many on this site have had their lives turned upside down due to total lack of accountability on the VA. Hundreds of Veterans die each year waiting for an appointment. Hundreds more die because of lack of proper diagnosis. The waiting game the VA puts you through is criminal. The higher you are in the VA, the more money you can steal. The AFGE protects employees from being fired for everything from killing veterans to just not doing their job. The information you will learn here, can be the difference between living and dying. Don't be afraid to tell your story, and don't be afraid to ask questions. This is the most informative blog out there. It's not for those who already have the answers, although if someone does know the answers, that would be welcome with open arms.

18.

**Ted**

i wish more veterans that commit suicide in numbers should triple on firing VA employees that cant tell the symptoms that are within that veterans concerns while committing the satire . for very one suicidal veteran should be about three people fired one on top on in the middle and one below like this scumbag doctor that is about to lie from this Amarillo VA facility . more than 100 veterans commit suicide in that year, than VA secretary has to go. put a note out to the president about it.

19.

**ted**

va is a broken system , its so broken it will eventually rename itself to use other broken symptoms to manager there so called "i don't know what happened "dialogue to remedy a motive of suicide .

VA NEEDS TO SHUTDOWN AND GIVE VETERANS A FREE CHOICE OF HEALTH CARE. OR petition 5,000 veteran to create a bill in which if a veteran commits suicide the whole staff dealing with veterans case is terminated .i dont know why the accountability didn't make reference to that other than anything else.

20.

**ANutterVet**

@G --- Hey doggie, no its you that is servicing your family, friends, and neighbors. You have my profile all mixed up with someone from your side of the tracks. hehehehehehe Little fucking kid. Keep it up, it'll be you getting banned from this site for disturbing the pertinent informational flow of necessary information that benefits Disabled Veterans.

Didn't mean to get too much of a legal beagle on you. But if you're as intelligent as you think you are, you better yourself, that you've been presented with a VALID legal reason to boot your distorting ass off from this blog. And, your not even smart enough to know when to cut it off. Keep digging doggie. Blow back hits hard. --- Nutter.

1.

**Seymore Klearly**

ANutterVet,

Don't let the small mind of the racist troll calling himself "G" get to you. The fool is so stupid he didn't even put tape over his camera lens. Although if he knew how, he could check and find that someone had recently used it remotely.

He has never served a day in the Military. The only thing that it is about is racially trolling websites with his anti-white hatred.

Ain't that right Keith!

1.

**ANutterVet**

Gotcha Seymore. Is that Keith Richards of the Stones? --- Nutter.

21.

**ted**

if the va does more harm the good why do veterans still go? is it slavery for monetary benefits or the dual bias and accusations of an honor such as being battle borne that deprives a simple dialect rather than pointing a finger at a fortune 500 company going balls deep in a heist game. either or government still wins and i am just dog meat. ..

1.

**G**

They have nothing else. The VA knows it. Find any way you can to go around the VA. Obamacare, Medicaid, Social Security...apply for them all.

1.

**ted**

why my disability happen in the service. social security is about to run out with all the illegals Obama supported back 8 years ago and Obamacare is a stalemate for any other insurance i use and sent my premium sky high. am to young for

Medicaid .... this is military related am doing the right thing and the va cant handle it . ....

22.

**Jo3n**

@G, God Bless you. You obviously have nothing going your way. You remind me of the youngest daughter/son that never gets heard. IF, you're not that child any more, grow up. If you're still that child, have someone read to you. There's still hope.

23.

**Jo3n**

@ANutterVet, I never knew how to make paragraphs. Thanks. @OLDMARINE, you and Cj have given me more reading than I ever had in school. Much better reading than school. I went back two years or so on this site. We never used the word "racist" at all. Seldom a snowflake. Now; I guess things have changed. I'm not good at changes, and looking forward... all I see is changes. I wouldn't have voted for anyone other than Trump. I believe it was SeymourKlearly who said, " they will throw everything, even the kitchen sink at Trump. They are. There is no, " right person " for our President's job. He just happens to be the best and the only person offered up this last election. I pray he accomplishes some of his objectives. I just don't see it happening. Now, these liars and thieves have worked their way into his circle. @Dennis, sabotage is what's going on. Most politicians don't care about anything but money. Seeing my Country in turmoil, like it is, only helps these greedy elected officials. Honestly, Trump's way so far, isn't working. @ANutterVet, where's the enter button?

1.

**G**

Try opening your mind to Democrats. Can't open your mind...then you got to go.

2.

**ANutterVet**

@G --- Your a dick. Don't be surprised that somehow your tracked down. Information sometimes gets picked up in the mix of digging and searching. And, you're fucking way off base. And, I doubt that if you; 1.) never enlisted, 2.) discharged due to unsuitability, 3.) was able to stay active because you were active with a high ranking officer that had some pull, pr 4.) a fucking cold hearted Veteran that needs his panzie fucking ass kicked. Someone pleas leak this fools contact information out to the rest of us. --- Nutter.

3.

**ANutterVet**

@Jo3n --- Hold on now. I've been stuck in a joke that I've missed in the past. Anyway, here er goes, the ENTER BUTTON is located on the right side of your keyboard, about 3/4 way from the left, and when you the 3/4 point, the button will be

almost in the middle of the keyboard at this point. I hope this isn't a joke. LMAO --- Nutter.

24.

***OLDMARINE***

THE GREAT CON "TAKEN APART" AND LOOKED AT.....OOOO McCain you got caught again.. he just cant stay out of a picture....here G-string watch this and weep...Or learn something ...LOL

"<https://lovetruthsite.wordpress.com/2017/08/16/the-great-con-taken-apart-and-looked-at/>"

1.

***ANutterVet***

Now Ole, lets not overwhelm the fellow. Take er easy on the greenie G-spotter flatulater. LoL --- Nutter.

1.

***OLDMARINE***

OOOO.. NUTTER..... SHIT I was having fun with the guy ....LOL....I know your not supposed to feed the animals at the ZOO but I couldn't help myself... But I did run out of peanuts hope that puts your mind at ease...LOL ALMONDS ANYONE?

2.

***namnibor***

I have some homemade Milk Duds I can contribute as zoo food. They are guaranteed to be steamy and a very strong chance of nuts. However, unlike normal Milk Duds, these will not all be cylindrical but also in nut log form-factor.

3.

***ANutterVet***

Salt and spice the food with ricin. --- Nutter.

25.

***Seymore Klearly***

Dam these fricken racist snowflakes from the Democratic party name G and Lem.

Really like coming to a Veteran centric website with the current published article about Veterans Suicides and flooding the comment section with there racist anti-white trash. Just because they are snowflakes they think that it is ok to insult all Veterans. What useless pieces of garbage they are.

Fricken useless snowflakes that don't have a useful brain cell left in their bodies. What foolish political fools they are.

Take your useless bullshit back to the Pakistan Caucus along with your racist leadership with their anti-Christian pro-Muslim beliefs and melt with the rest of the snowflakes. Nothing but idiots and morons in the current Dem party.

Your anti-white racism does not pass the mustard here snowflakes.

to an article about Veterans suicide using the current Democratic talking points to insult Veterans. Clearly the Dems party has turned into white hating racist

1.

***ANutterVet***

You'd think that how the Demo's talk about civil liberties, protecting people's rights and lives, its not only ok, but good that everyone does whatever they want (they believe that it doesn't phase society one bit in a negative way). But these same peeps, can't stand-up to fill the gap to help Veterans with their issues. Isn't this a bunch of crap. Always blind siding their faithful, while they make their massive \$Millions. Such fucking contradictory. These pukes will only do something when it benefits them, getting a new mug shot out in the MSM, something that directly effects their family members, property, savings, stock, bonds, on and on. Catch my drift? --- Nutter.

26.

***ANutterVet***

Forgot to mention that the Confederate Bigot issue has hit Philadelphia too. Some but not many, have called for the removal of ex-Mayor Frank Rizzo's statue. Just like I said, more unreasonable fall-out spreading through the States. --- Nutter.

1.

***NiteWish***

ANutter Vet, wow they already have Over 10,000 People that Signed a Petition To Keep Frank Rizzo Statue

2.

***ANutterVet***

@NightWish --- Didn't know there was a petition for fighting back. I thinks its a damn good idea. Keeps things in check. Sorry flakes for not speaking out in tearing down Rizzo's statue. As I recall, that man had more testicular appendages in standing up for what he believed that he needed to do in controlling those, that were walking on public property with loaded weapons. And, close to town as well.

I haven't commented on Veterans suicides. Every time that I do, I get pissed off, and just waiting for a mother fucker to come through my door. In a mood and on edge.--- Nutter.

1.

***namnibor***

I know, Nutter...Veteran Suicides and Homelessness tears me up every time it comes up and it's been at a regular increase cadence of late, regardless of the million\$ the VA supposedly throws away at Suicide Prevention.

Having lost a few fellow best friend Veterans due to the VA's outright negligence on these issues makes it even worse. Then we get these asshole disrespecting trolls that piss on Veteran Suicide topic on here.

G-Spot is a Disrespecting Troll (GDT). ☺

### 3.

#### *Crazy elf*

Now the “alt-left” is attacking “The Alamo”! They want to “redefine” it!

27.

#### **VA NEPOTISM OHIO**

Ohio VA, “A CULTURE OF CORRUPTION”.

It makes me angry how we (injured former soldiers and disabled veterans) are being treated at the VA. Being a third generation U.S. Army veteran myself it is quiet disgusting, unethical, and totally corrupt. Especially, down here in Ohio at the Akron Ohio VA Clinic on Waterloo Road, and Wade Park VA Cleveland Ohio. The employees are all non veterans from my understanding(at least the ones I am in contact with), and jointly working to keep benefits, entitlements, and quality health care away from those who deserve it and earned it for having suffered and been injured. Non the veterans who already got their benefits, and dont care anymore find the VA perfect. However, I found these VA non veteran employees are screening injured veterans and disabled former soldier by getting their medical notes way, way before the veteran, and “developing to deny” the disabled former soldiers their entitlements, and treating the vulnerable vets as a lawsuit, they must prevent. I really believe these VA non veteran employees could care less, if a vet or fomer soldier is struggling or commits suicide (blows his brains out), ends up homeless while walking the streets confused, or in poverty and losing his wife and children, or addicted to a substances due to their injuries and non stop mental pain.

Many of these VA employees Akron Ohio Waterloo Road and Wade Park Cleveland Ohio, that I have come in contact with had never served, never went through basic, never trained, and overall have no idea what a closed institution like the military is like. I never had mental health employees or health care staff treat me so bad, almost as if I am a criminal and i am under investigation. Many of these VA employees gained employment through violating or manipulating nepotism policies. Through my research, this is what is going on at these insitutions across the nation (where great salaries and jobs are to be had, social networking and nepotism). For the federal non veteran employee, it is all about big VA pay checks, great VA benefits, VA bonus, VA super health care insurance (that vets dont get), maintaining the VA status quo, covering up unethical behavior, covering up malpractice, VA social networking in order to help their relatives and friends get high paying jobs at the VA, and VA promotions, while all the while keeping the injured veterans and disabled former soldiers from their entitled benefits (A game of keep away). While these non veteran employees forget about why they are

there in the first place, and who they are suppose to serve. When a complaint is filed on these diseased animals (VA employees) nothing is done, and the complaint is covered-up. When a complaint is filed, these non veteran VA employees circle wagons on the injured veterans, protect their own VA employee buddies, and disregard the disabled former soldiers and injured veteran's complaints. Making a fool out of us (vulnerable veterans) because we are injured and unaware of this misbehavior. Instead of putting the VA patients (injured vets) first. These VA employees put us second. While the care of veterans is second. Who's VA? MYVA, right? The VA in Ohio is a world turned up side down. The VA in Ohio is "A CULTURE OF CORRUPTION"! The VA in Ohio is an employment center for non veterans. To name a few VA employees, Eric Canna VA Akron Ohio Waterloo Road (non Veteran), Pamela Sue Sherer VA Akron Ohio Waterloo Road (non Veteran), and Peter Barach VA Wade Park Cleveland Ohio (non Veteran) AKA DR FRANKENSTEIN. Dr. Frankenstein Peter Barach, "the monster of Shaker heights" cleveland Ohio. Peter "NEPO-Barach-ISM" is engaging in corruption, cover ups, unethical C and P exams that favor the VA, and lying on C and P exams that favor the VA, and thus Peter Barach cherry pick medical notes, manipulating symptoms, falsifying disorders, so to create false summary of injuries, all to deny the veteran's health care, benefits, and to cover up injuries, and years of suffering. Peter Barach, Non Veteran Not veteran Friendly, Not an Advocate to Veterans, Not creating favorable exams. BUT PETER BARACH is a hatchet man, and a benefits assassin being paid at VA Wade Park Cleveland Ohio to do corrupt and unethical C and P exams. Hats off to you Peter Barach Wade Park Cleveland Ohio (Non Veteran, Draft Dodger, who most likely had a mental deferment from 1969 to 1975 from military service), for being such a shitty human being, an unprofessional VA employee, and completely unethical doctor.

If an injured veteran or disabled former soldier wants an honest medical opinion. The vulnerable former soldier must got outside the VA and seeks his own private doctor out in order to get an honest medical opinion, an IME (independent medical examination) to counter the sickness and unethical b.s. by the VA non veteran employees. Even when you do that, you are then retaliated against by other VA non veteran employees for stepping out on the VA. Even when you contact, your senators like senator Sherrod Brown (D) Ohio, Congressman Tim Ryan (D) ohio and state representatives making them aware of the sickness at the VA in Ohio. When you do that. You are then retaliated against as a patient at the VA. The adminstration lies to the congressional aids and the senators aids in Ohio. Questions and Answers are sent back and fourth to the Senator's and Congressman's offices treating these aids like pen pals rather then represenatatives to the people of Ohio. The VA adminstration treats these state representatives terrible, and thus lies to the senator's and congressman's aid as if they are more like pen pals, then state officials. These adminstrators at the VA lie to Senator Sherrod Brown (D) Ohio, and Congressman Tim Ryan (D) Ohio. Hell would be a way to appropriate place for these sinister VA non veteran employees who lie, falsify medical records, manipulate injuries, manipulate symptoms, omit key elements of injuries, and misdiagnosis veterans for the pure sake of denying them benefits. The care suffers at the VA with so many non veteran employees working at the VA's here in Ohio, and across the nation. That is my opinion...

1.

### ***ANutterVet***

@VA Nepotism Ohio --- Welcome VNO. Lost my place twice trying to read. Please use paragraphs. Just hit the enter button when you start to write about something different or new. I'm looking forward to reading your posts, but it kind of got me frustrated going to the same line over again. No offense. Thanks. --- Nutter.

#### **1.**

##### ***VA Ohio Nepotims***

ANutterVet.

No offense taken at all. I am better than that. I will hit the paragraph button. I was in a haze. It does make sense though. I did re-read it. Everything just becomes a stream of thoughts.

I know why that soldier in Brian's article above shot himself. Symbolism. One last f\*\*\*K you to the VA, and their money hungry employees (non veterans). They refused him the chicken feed, that he gave up so much for. But at the heart of it, it isn't even the benefits. It is an old story. The losses were too great. Suffering was too high. What do you expect? For many reasons soldiers are committing suicide. Mostly, it is the unstoppable pain, non-stop physical pain, and the relentless emotional pain that can not be turned off. And if it were not for self medicating, many, many, many more veterans would be dead! And even that "numbing of the pain" is held against us by VA non veteran employees!!!

Thanx ANutterVet. Respectfully, U.S. Army veteran, third generation Army...

#### **2.**

##### ***Flotmorton P Gildersleeve***

This is standard for many VA "facilities" tooooo bad these vets don't commit murder instead of suicide. These VA bureaucrats, non veterans do not deserve to walk the night without trembling. I called once about a job at the Va as an adjudicator, and the lady did not care that I had a law degree, she just wanted someone who had worked for the VA previously, she said, "We have to guard the "government's" money".....[ The government's money????!!]. I read her the riot act but I believe she was just an answering machine.....

The VA bureaucracy is a sinkhole with no depth limits.....Is Johnny Boy McCain getting his cancer treatment from the VA????? He must have gotten his mental health treatment from the VA based upon the results...

#### **1.**

##### ***Seymore Klearly***

Personally I believe they should make it a requirement that all Veterans considering suicide ensure they are accompanied by at least 5 VA employees to meet the maker.

Pretty sure that would end the problem with the high rate of Veterans suicides in a hurry.

2.

### **VA NEPOTISM OHIO**

It is Nepotism. Here in Ohio, it is local vocal nepotism.

1. These non veteran employees at the VA are social networking to get in. Once they get in, it is all about getting their buddies in, those in their religious circle, and getting their family members in. It is all about big money, great benefits, promotions, and bonus for these non veteran local vocal VA employees. It means nothing at the VA, that you are veteran. The local vocals are being hired at the VA. It is going on across the nation. Senator Sherrod Brown (D) Ohio pointed this out, that there is a major nepotism problem at the VA in Ohio. But it is more wide spread (across the nation).

2. For Example: PETER BARACH AKA: Dr Frankenstein, “The Monster of Shaker Heights” Cleveland Ohio. VA Federal Employee Wade Park Cleveland Ohio

Let me tell you a little story about Peter Barach, this VA employee at Wade Park Cleveland Ohio. This guy Peter Barach got out of Vietnam (Draft Dodger) 1969 to 1973, and military service from 1969-1975 by obtaining a mental health waiver, for mental illness. Peter Barach is Draft Dodgers

3. This VA employee Peter Barach. He grew up across the street from the VA at Wade Park Cleveland Ohio in Shaker Heights Cleveland Ohio. I am not kidding you. His parents lived there in “Shaker Heights” Cleveland Ohio for generations, across the street from the VA Wade Park Cleveland Ohio, and his family lived across the Street from the Western Reserve College. Small place “Shaker Heights” where everybody knows each other.

4. This nut case Peter Barach flunked out of John Hopkin University in Baltimore 1970-1972, and then ended up at Ann Arbor Mi (changing his major to kindnegarten science, yes “Children”) 1972-1974. After graduating in children at Mi. Peter Barach came back to Sharker Heights Cleveland Ohio after leaving shaker heights for just couple years, and then mom and dad got their son Peter Barach into the college across the street from their house, at Western Reserve College. Peter Barach Aka Dr. Frankenstein stayed there “Forever” (Engaged in Academic Incest, means: you stayed at the same college forever), his family knew everybody, and thus the Western Reserve College forced Peter Barach through the programs to become a psychologist. PETER BARACH: Bing, boom, bang now you got a doctor, quack, quack with a psychology PHD. For real...

5. Well guess? where do think this monster Peter Barach got a job at? You guessed it, “The VA Wade Park Cleveland Ohio” across the street from where he grew up at, and the he also got jobs at other institutions located across the street

from his house in Shakers Heights Cleveland Ohio. His family, friends, and his social networks are all employeed at these institutions (Nepotism and Regional Nepotism at it's finest). You file a complaint on him (Peter Barach, AKA Dr. Frankenstein) and it is covered up by the VA Wade Park Cleveland Ohio. The complaints are covered up by his friends, and social networks and family members. Nothing is said about this monster, Peter Barach.

6. As this is an honest case of Nepotism. This true story continues at the VA Wade Park Cleveland Ohio. It only gets worse. The VA Wade Park Cleveland Ohio pays PETER BARACH to do C and P mental health exams over, and over, and over again. For years Peter Barach (the non veteran draft dodger) has been paid to do C and P exams on injured veterans and disabled former soldiers. Making tens-of-thousands of Gov't dollars, if not hundreds-of-thousands of Govt dollars.

7. Question: Well how do you think those C and P exams for mental health are going to turn out for poor working class injured veterans, and disabled former soldiers? I will tell you how those C and P exam's turn out. The more you pay Peter Barach, and the more and more years that go by, and the more tens-of-thousands of dollars you pay PETER BARACH, the more, and more, and more he is going to rule, and write up his C and P mental health exams favorably for the VA Wade Park Cleveland Ohio. The more you are paid by an institution at a doctor to do C and P exams, the more likely it is not likely, that you will rule in favor of your pay master and rule unfavorably towards the injured veteran.

8. The more, and more Peter Barach gets paid, the more and more he is going to screw the injured veterans and disabled former soldiers. It is natural that this happens in "Forensic Reports". That is why, the courts dont like to keep asking the same doctors back again, and against in order to keep doing "Forensic Reports" for the same courts. Because the more you pay those forensic doctors, the more they will skew their psychological reports in favor for the payee.

9. The injured Veterans and disabled former soldiers C and P exams for mental health are going to be sabotaged, more and more and more. That is how it is going to turn out when this "Draft Dodger" 1969-1973 Peter Barach gives C and P mental health exams to veteran's and disabled former soldiers for mental health C and P exams. Peter Barach is certified in everything a poor working class veteran is going to have (And that is NOT good). Meaning, everything Peter Barach is certified in. Peter Barach is going to write the veterans up as having non claimable disorders. Peter Barach is going to manipulate the symptoms and disorders, NOT in favor of the veteran. I am saying, "Peter Barach is NOT veteran friendly". I am saying Peter Barach is a bad apple.

\*Also if you notify your state representatives in Ohio, Peter Barach will retaliate against an injured veteran or disabled soldiers by attempting to discredit the vulnerable veteran by giving them "A Personality Disorder". Or peter barach will

retaliate against the injured veteran by saying he/she is delusional, “A Personality Disorder”...

10. Peter Barach is known as “A Hatchet Man”, “A Benefits Assassin”, that manipulates medical treatment notes, “Cherry Picks” sentences from thousands of pages of treatments notes (so to deny veterans benefits), and thus make up disorders, and prescribes these non claimable disorders to the vulnerable veterans (so to deny the veterans benefits). Peter Barach is a monster. so I am making this clear about Nepotism at the VA Wade Park Cleveland Ohio. Nepotism with non veteran employees at the VA, it does not work favorably for the veteran or former soldier...

11. If you contact your state representatives, like Senator Sherrod Brown (D) ohio, or Congressman Tim Ryan (D) Ohio. Peter Barach will retaliate agaisnt the injured veteran and disabled former soldier. As I said before. If you go outside the VA, and get your own IME (independent medical exam), Peter Barach will retaliate against the injured veteran and former soldier, and along with other non veteran employees engage in a cover up and “VA Patient Blacklisting”. Because, once you go outside the VA and get your own IME (imdependent Medical Exam) you have then proven malpractice by the VA. You have proven, that the VA employees (non veteran employees) in Ohio are engaging in Malpractice, the manipulation of symptoms, lying in medical treatments, and the falsification of disorders (prescribing bogus disorders), while omiting facts of your case in treatment notes and on the C and P exams. Once you go outside the VA for an IME (independent medical exam) you proven, these non veteran VA employees, are acting jointly to withhold (collective effort) and deny the vulnerable veteran’s his/her benefits. “A Culture of Corruption”. This is what Peter Barach Non veteran employee VA Wade Park Cleveland Ohio is engaging in...

12. The congressional liaisons, and senator’s aids are being lied to by the Adminstration at the VA. They are treating, your state represenatives of Ohio, and their aids like “Pen Pals”. The letters are going back and fourth from the senator’s office in Ohio to the VA Adminstrators, and these VA Adminstrators are then lying or manipulating facts to the Senator’s aid and congressmen’s aids in Ohio.

13. That is the Peter Barach Aka Dr. Frankenstein VA Wade Park Cleveland Ohio that I know. Peter Barach is acting with two other non veteran VA employee buddies 1. Pamela Sue Sherer Non Veteran Akron Ohio VA Waterloo Road, and 2. Non Veteran employee Eric Canna Akron Ohio VA Waterloo Road. Together, what these non veteran psychopaths are doing is this. Screening the injured veterans and disabled former soldiers for injuries. manipulating the medical notes as much as possible. “Developing to Deny”, the veteran claims, by only obtaining private medical notes that are favorable to the VA. While getting the veteran’s in service medical notes way, way ahead of time. Screening those injury

notes to sabotage the injured veteran in current medical notes. Then fudging the injured veteran's and disabled former soldier's current medical treatment notes. All to sabotage the veteran's claims for benefits, and cover up injuries. That is what is happening in Ohio. At least that is what I am seeing. And that is why the veteran's have to file 10 and 15 claims.

\*I know it sounds strange. But a VA lawyer explained much of this to me!

28.

***Lo***

Cursing is ok for fun and relief. One can say it's frigen theroputrid. Lol

29.

**Jo3n**

Gonna take a few months, but I am heading to Oregon. I have family there that I haven't seen in 20 years, and more. Back in the 80's Oregon was the most peaceful place I've ever lived. Time, and politics will tell. I'm giving up as much of the VA as I can. My friend who went to a VA hospital last week, passed away Sunday. The VA won't tell the family how, or why he died. I know, it's because they killed him. His first day there, the VA, in putting a breathe tube down to his lungs to breathe, tore up his throat. The last thing he said to his wife was, Don't let them bastards kill me. 5 days later, he's dead. There are no decent Dr.'s in the VA. There Specialists, aren't specialists. The VA is filled with money grabbing murderers. Shulkin, you can go to hell; and take G with you.

1.

***Lo***

G spot

2.

***Nite Wish***

Jo3n, So sorry for your loss. The death Certificate may or may not have some answers.

3.

***Seymore Klearly***

So Sorry, to hear about the lose of another Veteran and your friend through VA Health Care. No one can be trusted at any VA facility for any kind of Care.

4.

***James Clement***

Sorry to read of the loss of your friend and fellow veteran this morning.

30.

***ANutterVet***

Sometimes I wonder is trolley G, is someone else, only giving his writing a nice shine job to stay in hiding. Just a thought. --- Nutter.

1.

***OLDMARINE***

Yes a dumbed down version

1.

***namnibor***

A “G Flatter” version. LMAO! 😊 (still laughing at that comment of yours)

G of the flatulence flat.

2.

***ANutterVet***

@Namnibor --- I just caught this (no dah). Ole comes up with some good short liners. --- Nutter.

3.

***OLDMARINE***

and u are a communist .....And I bet you get hooked up to a funny hat with a bunch of wires attached to it before they let u out for the day, tell them to turn down the voltage a little bit,...LOL

31.

***namnibor***

Actually, instant potato flakes were used on set of ‘Schindler’s List’. Your kind of snowflake is made out of bitter piss and bile and everything not nice and vile.

32.

***OLDMARINE***

OK thanks for the info agent G..LOL

33.

***Dennis***

Is it true what I overheard that VA Sec. Shulkin has resigned?

1.

***Seymore Klearly***

No such luck Dennis.

It might have to do with the following though.

“Indigenous veterans president blames ‘snowflakes’ for move to oust him”  
Fellow veterans call Richard Blackwolf’s Facebook posts ‘disgusting’

By Jason Warick, CBC News Posted: Aug 16, 2017

[“https://www.cbc.ca/news/canada/saskatoon/bid-to-oust-indigenous-veterans-president-gains-momentum-1.4249649”](https://www.cbc.ca/news/canada/saskatoon/bid-to-oust-indigenous-veterans-president-gains-momentum-1.4249649)

“Richard Blackwolf is blaming a liberal conspiracy and overly sensitive “snowflakes” for the effort to remove him as president of the Canadian Aboriginal Veterans and Serving Members Association.”

1.

**NiteWish**

“In the armed forces, we are all equal. As veterans, we should all be equal”

Steven Ross, grand chief of the Saskatchewan First Nations Veterans Association, Canada

34.

**ANutterVet**

Enough of you, Vert.

35.

**ANutterVet**

I guess you would like someone to send your more poll (more dick)? --- Nutter.

36.

**ANutterVet**

Fuck you troll. The word has many meanings. And a deeper history than what you mentioned. Go scratch a post. Sorry if I hurt your feelings. Someone one day, is going to jack your ass up, and you'll not be able to handle. Me, I'm in a position to just pluck you the fuck off from a distance (less time in helping you along in life). Others may feel the same way. Go to a lefty board. --- Nutter.

And then, there is another response in pushing your fucking bullshit.

37.

**OLDMARINE**

NiteWish u are absolutely right, I have noticed in the past week something has been turned up

1.

**NiteWish**

OldMarine, it started hard with the “G’ troll. Look into this letter & its meanings. We’ve been set up that much is true.

1.

**OLDMARINE**

NiteWish ....your right and I get the G thing.....Just the results they wanted.....But it did come to it's senses....  
Testing our reactions that is it....When the hammer falls everyone will be a-maze-d ....LOL

2.

***NiteWish***

OldMarine, I can hope its come to pass. 'they' didn't count on me to find them out & rat them out. I feel them lurking, planing phase 2.

3.

***OLDMARINE***

I'm on G flat...and the flatter the better..LOL

4.

***namnibor***

@OLDMARINE- ☺ ☺ LMAO ☺ ☺ “G Flat, the flatter the better...”  
LMAO ☺ ☺

Thanks, I really REALLY needed that!!! ☺

5.

***OLDMARINE***

Good.....I crack up on the shit when it pops into my head...u got to amuse yourself,,LOL...

6.

***OLDMARINE***

Agent G string I am a service dog that can type my master isn't home right now so he left me a bowl and said have a blast....I found his bong Too...Hope you have better luck than your having....U sound like a free baser though....just remember the devil is counting on you, u will get rewarded with a nice bowl of steaming shit for lunch...LOL ...How much does George Soros pay you anyway?....u know your just temp. work

7.

***G***

That's actually funny.

8.

***OLDMARINE***

GEEEEEE.....It's always funny when you know there right..Another young mistake, u still in training????

9.

**GEORGE BATTY**

Ignorance, before you put your complete foot in your mouth, find out the facts about MM being helpful.

10.

***Windguy***

G Sting. Check a little further into Snowflake beyond Schindler. Indeed, the Nazis referred to the ash, and therefore their victims as snowflakes. However, the wider spread use of the term was in the Soviet Union. It started with Russian Jews, and then was used to refer to real or perceived enemies of the state – particularly during Stalin's years, but well beyond. Funny how the phrase showed up in the last election... sspppst – maybe it was the Russians..

Yours truly, Cliff Fucking Clavin

2.

***ANutterVet***

Since their not passive, we don't need to passive as well. They'll run all over us. And, it has happened before. Repeater again? —— Nutter.

38.

***NiteWish***

Pls stop. We're in this together. Remember A computer program can be used for manipulating the nervous system of a subject located near a monitor can incite people to anger or calm them down. Someone from the silent majority of followers could very well be manipulating this site. [US patient US 20020188164 A1] AND because I'm aware of the tones the VA is using them when on hold with the telephone. The devil is in the details. Be smarter than the serpent.

1.

***ANutterVet***

@NiteWish —— NiteWish —— I'm seriously thinking about purchasing another Voice Interface Card (VIC), to copy my voice when calling the VA. Now I'm protected. —— Nutter.

1.

***NiteWish***

ANutterVet, that won't help. The tones are embedded in the hold music. The one I got was calming. I know I've heard it before on youtube at some point. Namnibar is also familiar with tones. He can maybe explain how it all works.

2.

***OLDMARINE***

DAMN girl your nailing those base balls today.....TRUTH IS STRANGER THAN FICTION.....

3.

***cj***

Tone generators, and binaural beats, an infinite number of combinations, depending on the desired effect. Used also in ancient times by the high priests, to communicate with their Gods, by way of construction techniques, instead of tone generators.

Low battery warning.

Later Gators -!;j!-

4.

***namnibor***

Most of our music and everything we humans make that produces tones are all tuned at 440Hz. The human nervous system can be deeply relaxed by moving that frequency of tones to 432 Hz. A great deal of ambient music produced for assisting people to meditate or relax is indeed tuned to 432 Hz.

Too high of frequencies of sound can be weaponized and likely have been with CIA experimenting on...Veteran volunteers, as it also goes with the human brain and nervous system can also be easily manipulated via subliminal messages slipped between the fast-moving frames of film...it was SO successful in manipulating smokers and drinkers of soda to leave the movie and have a smoke or buy more concessions that the gov't. studies supposedly made this type of manipulation (subliminal) against the law to be utilized.

Just like with those frames of film and subliminal messages tucked between them to manipulate the viewer, audio tones could just as easily have frequencies embedded with similar subliminal messages and that's part of the recipe on how to make a Manchurian Candidate.

With that said, does \*anyone\* believe the VA would ignore the above with VA Telemedicine?

I don't.

Let's not let the lunacy of the pending lunar eclipse divide us while snowflakes meltdown.

5.

### ***NiteWish***

Thank You Namnibor, I read somewhere that Oregon is activating its National Guard for crowd control for the Solar Eclipse.

**6.**

### ***namnibor***

Oregon already has activated their National Guard. Heard that on public radio this morning. However, I suspect that activation may also be anticipating probably violent protests and more monuments torn down by BLM...so the lunar eclipse comes in handy as an excuse to activate the hounds.

**2.**

### ***ANutterVet***

@NiteWish, @Namnibor --- I'm very familiar with frequency or time periods of that reoccur over and over. A human cell can also be agitated and destroyed by certain level of frequencies. The apex (called another word) and trough of the period of time based off of sine waves.

Some one can make a lot of money by segmented marketing of a suit of products, that can protect us from all of these types of manipulations (witchcraft- my opinion, no adjustment suggestions needed or wanted, thank you). --- Nutter.

**1.**

### ***namnibor***

And everything originates from...a sine wave. That's the basis for Frequency Modulation Synthesis, it's using multiple sine waves and "Operators" that multiply other frequencies...deep. But everything, down to that ""CLICK"" of flicking a switch in your vehicle or appliance or elevator...has been engineered by sound designers...usually for good intentions...usually...

I'm thinking the word "SNOWFLAKE" must have 100's of since waves bouncing all over the place and it's even more magnified during lunar events such as a lending alignment...Monday....think about it...we may just have to rename this Monday Lunar Eclipse as "The Snowflake Lunar Eclipse". ☺

(fuck your sensitivity)

**39.**

### ***OLDMARINE***

look what just poped into my mailbox

WAKE UP, people! Alt-Left and Alt-Right are run by the same forces... the goal is "divide and conquer"

just what I have been saying.....Beer and a smoke anyone??...Come on namnibor time for a vacation?.LOL

Wednesday, August 16, 2017 by: Mike Adams

"<https://www.naturalnews.com/2017-08-16-wake-up-people-alt-left-and-alt-right-are-run-by-the-same-forces-the-goal-is-divide-and-conquer.html>"

1.

***ANutterVet***

@OLDMARINE --- Namnibor isn't the only one that enjoys some fine cured kolas. Send me an untouched doggie bag. Just a little taste alright? --- Nutter.

1.

***OLDMARINE***

all it is homegrown nothing special nice mellow shit ...that strong shit kicks up my arthritis, and i stare at what i'm doing instead of doing..lol

2.

***ANutterVet***

Even with a Sativa hybrid. Seems like you're token on an Indica strain. --- Nutter.

2.

***OLDMARINE***

Does your computer have brail because you missed the link so I'm thinking your blind... good luck with your walking stick...LOL

3.

***Lo***

Correct Schindler was a good man.

40.

***OLDMARINE***

The controllers have most of you right where they want you white against black.. democrats against

republicans they just love infighting .. and most of the people with statues where all traitors to the people but they brainwashed you into thinking they were hero's .....now let me get back to working on my 4 wheeler black beer and a joint.....and thanks for the black beer tip LEM.....no pain meds, FUCK IT I do what i have to just keep pushing it , dizzy, fuck it I look up and smile and say drop me now.... don't you know u got to shock the monkey....peter gabriel...LOL

1.

***ANutterVet***

When there is in fighting nothing gets done. And when something does get done, it was a longa timeh coming. --- Nutter.

41.

***lily***

My therapist started to correct me in the sessions telling me not to use the word “fix” and the phrase “should have”. I read a bad therapist is a corrector. I think I’m going to pretty much ignore the person from now on but keep going until I can’t stand it. I’m just trying to create a record for my next C&P exam so they know I’m trying therapy. I don’t blame other vets for not feeling helped by therapy, it hasn’t helped me much either. This therapist was wearing golf shoes and socks too.

**1.**

***ANutterVet***

Did their nametag say. “Veterans first, right after me?”

**2.**

***NiteWish***

What does Psychiatry & racism have to do with each other?

Watch this 3+hrs YouTube documentary & find out.

Psychology torture packaged as therapy.

“<https://www.youtube.com/watch?v=4IpLxbg3LaI&list=WL&index=17&t=1894s>”

Illegitimus Non Carborundum = Don’t let the bastards grind you down

**3.**

***Lo***

Next rally is to have all head doctors removed. Bart Simpson will replace.

**42.**

***Edward Blassingame***

The powers that be in the VA I hate to say would rather see veterans commit suicide rather than give them proper medical care. That means more fat bonus checks for them. Who ever came up with the idea to reward managers and supervisors for denying veterans disability and healthcare should be put in front of a firing squad with their cronies.

**43.**

***NiteWish***

Office of Accountability shows nothing for this VISN17 or is it VISN18 which has some removals. Seems like reviews are locked out on the Thomas E. Creek VA Medical Center website. Interesting.

**1.**

***ANutterVet***

Wonder why? Conspiracy. — — Nutter.

**44.**

***Concerned Veteran***

Rise and Shine Veterans does anyone used the Choice Card for me to say it's a mess especially in Veteran Medical Center in Manchester, New Hampshire to bad all Veterans can't email just one Senators and Representative share our belief how to improve Veterans Healthcare but in any one reads who lived in New Hampshire tell me please let me know so we call bug the Shit out of our Senators and Representative our belief how to improve Veterans Healthcare.

1.

***ANutterVet***

Concerned Veteran- Unfortunately, our loving Representatives believe that the VA is fine. Or, they're ignoring that the VA has problems. I tend to believe the latter. Their wimpy. --- Nutter.

1.

***Concerned Veteran***

ANutterVet have you ever call your Senators and Representative share your beliefs how improve Veterans Health Care as for i won't Surrender my belief hired at least one at any Veteran Medical Center a Cosmetic Dentistry Dentist that know how to put in G4implants unfortunately they have not one works for a Veteran Medical Center plus their isn't not one has a contract with Veteran Affairs Admistratation.

2.

***NiteWish***

Concerned Veteran, there is no way the VA will pay out over \$30,000 for useful & needed implants when they can get dentures for \$1,500. They just won't pay.

2.

***Seymore Klearly***

Concerned Veteran,

Sorry that I have to tell you that Veterans Health care connected to the VAMC Manchester in New Hampshire just took a bad turn of the worse. On Monday, Gov. Chris Sununu signed an executive order allowing VA Health Care Providers to treat patients at outside facilities.

Most likely that will include all the Doctors, J1 Visa holders, Pharmacist, Nurses and Physician Assistants that act as Primary Care Physicians. Also, it means that not only will they not only be collecting a paycheck from the VA but they will no doubt be getting additional pay through the Veterans Choice Program.

Pretty sure these fake doctors will also be seeing Medicare and Medicaid patients. So not only are the Veterans in New Hampshire getting screwed, but anyone on any government health care plan is.

Source: "VA doctors to treat patients outside hospital; new town hall meeting scheduled", Associated Press, Tuesday, August 15, 2017  
["https://www.concordmonitor.com/VA-announces-town-hall-meeting-on-Manchester-facility-11879381"](https://www.concordmonitor.com/VA-announces-town-hall-meeting-on-Manchester-facility-11879381)

1.

***Seymore Klearly***

I would say that everyone should call the White House Veterans Help line and complain, but: "The Veterans Affairs Department pushed back the launch of its new White House VA Hotline by two months. VA needs more time so it can hire mostly veterans to answer hotline calls. The current pilot hotline is open Monday through Friday, 8 a.m. through 5 p.m. It'll be a 24-hour operation no later than Oct. 15. (Department of Veterans Affairs)"

Source: "No sequestration for agencies this year", By Eric White, August 15, 2017 8:24 am

["https://federalnewsradio.com/federal-newscast/2017/08/no-sequestration-for-agencies-this-year/"](https://federalnewsradio.com/federal-newscast/2017/08/no-sequestration-for-agencies-this-year/)

~

~

~

2.

***ANutterVet***

~ ~ ~ Double Gurgle ~ ~ ~

3.

***Windguy***

Choice is indeed a pain in the ass. The beltway hacks that run it and employ drones are there to save the VA money – for which they get a little vig. I have had success with Choice. Polite persistence. Most of those drones are happy to have a low paying job and will easily confess how messed up their own systems are. Appealing to the frustrated voice on the other end can work – not always. I know. We should not have to beg or cajole or con or curse.

I had another episode with Choice yesterday. After a few seconds of commiserating our "delight" with bureaucracies, she went to work. Yaah – I was on hold for 20 minutes. She'd check back every five and say "hang in there, I'm trying someone else at the VA (Roseburg Dennis). Finally, I'm on the line with Roseburg and Choice. Sure enough – the VA dropped the ball (or hid the weenie). Either way, I get my exam next week.

It's too easy to compare the VA to some wretched DMV office when comparing bureaucracies and frustration levels. Besides, the DMV isn't charged with providing me healthcare. But, in some ways its the same. You can always find a good American on the

other end of the line. Keep digging. Don't expect moonbeams and unicorns. We all run into pasty faced give a shit slob VA employee. I try to save my wrath for those who've made the policy decisions the keep the VA in clusterfuck mode.

Now that I've done my feel good deed for the day, I can get bitchy.

When we were finishing up with Choice and VA three way call, the Choice woman, perfectly programmed, said, "Ma'am, thank you for providing care for our veterans, and sir, thank you for your service". Fuck me runnin. I went out and sparked one. (yes – legal or not, I still hide in the garage).

**4.**

***ANutterVet***

@Seymore Klearly --- The ! ~ ~ ~ Double Gurgle ~ ~ ~ isn't meant towards you, its for the VA, and our caring Politicians who are asleep at the wheel when it comes to the VA. Really getting sore and tired of this. --- Nutter.

**5.**

***PO***

Shouldn't be a mess choice. Dr puts authorization choice calls u pick or they pic and they schedule. Simple easy but dr has to start it.

**45.**

***ANutterVet***

Got a laugh a couple of minutes ago. The facility Maintenance Man knocked on our door. I thought my K9 was in the back room with the door being closed. When I answered the door to let the MM in, my boy bolted out from the back and put this man backed up almost to the door. Fortunately, when my boy ran towards the door, he had to go past me, so I grabbed him right before he was going to grab the MM.

Hey you fucking anal licking trolls, do you want to stop by and see me unannounced? Come on over, my boy needs to get the test of flesh in his mouth, so that he will ALWAYS know to protect my wife and I. Good boy my buddy. At least I was able to partially train my protector, due to the VA not backing my up by removing a medication that was proven to give me relief, so that I could get outside and train my K9. I'll never forgive the VA for fucking up the bonding training that I had planned out.

One day, I'm going to print the whole story about what happened from my point of view. The VA's uncompassionate and uncaring behavior has hindered my in many ways, that as a human being, a Veteran, and one that is trying my hardest to hold onto my faith, I will continue to strive in unusual ways, to put the spotlight on the VA, and to be as radical as I can.

You see, I can do this now. Why? Because I've already told the VA Staph, that I don't give a fuck about your Corruptive Behavior Committee, your EPERS database, the fucking Veterans Court, the Police, or any other fucking Authority.

I have the damn proof of what is going on with my health. It me!!! If they are so concerned about my health, welfare, and well-being, then hey, I invite any one of them to come and visit me, then write and sign an evaluation report about their observations of me. Then they can compare their non-progress report to what the VA states. Guaranteed, there will be a dramatic differences of opinion in each report. Again, bring it on mother fuckers (VA).

You see, the VA will delay in sending me a real trained Medical Physician to my residence. But yet, they will send out a visiting Nurse contracted via a 3rd Party. The VA doesn't want to put their signature on anything that shows that the fault is of the VA.

But no worries VA, I'm not your normal Veteran. I'm messed up, and I'll mess you (the VA) up. There are many ways to do this without acting in a criminal manner. And believe me, many tactics have crossed my mind. There are other useful ways to embarrass the VA into change. Shit VA, you're not fooling this Sailor. Kiss off you bitches (referring to a female dog). --- Nutter.

**46.**

***Genius H Kennard***

We are getting very whimpy and completely separated from one another "brothers", their needs to be a peaceful takeover of all VA facilities by us because civilian employees from the street are not cutting the mustard as far as helping us, from this moment forward only list what your MOS was and what you can do now on this blog so that we can write you a resume and get you a career at one the 3rd world VA's. They are destroying what we need, Health Care and Benefits, tell all veterans NOW! Regardless of why he committed suicide i believe it was the medication that they issue. Don't let this happen to another veteran!

**1.**

***PO***

EN1 USN.

**47.**

***VAISLYING INC***

VA DEATHCARE ONE BIG BIG FEDERAL RICO CRIME RACKET RIN BY !@ FOR AFGE UNION CONTRACTS TRUMP SHUT THIS SATANIC DEMON CALLED VA HEATHCRE DOWN NOW !!!!!!!!!!!!!!!!!!!!!!!

**48.**

***OLDMARINE***

The VA doesn't want to be fixed, ...Want proof look at my hair..[NASA] Both are a big funnel into the pockets of someone,They want us DEAD,. The budget goes higher with no results, Shit rolls down hill so go beyond and above the SHITCAN

And as for VA doctors they make no decisions it gets feed into a computer and lets AI figure it out, That's why they ask you questions, while they are tapping on their computer, mine asks me does it burn when you urinate and I tell him yes, he says drink more water, I tell him I drink water all day long..But on his report it says no burning that's why you get shitty results from the VA, he's feed's AI bogus shit..Did you ever hear your doctor say it will get kicked back out, that is bullshit also, he can override it but wont .RAND agrees propaganda its good for business

PROPAGANDA | FULL ENGLISH VERSION (2012)

“<https://www.youtube.com/watch?v=6NMr2VrhmFI&feature=youtu.be>”

1,102,168 views

49.

*Nexdeceptus*

I wish I knew who you are so I could have the pleasure of touching your temple with the end of my 45's barrel and ending your pitiful useless existence. I don't make empty threats and I have nothing to loose.

50.

*Seymore Klearly*

Oh and I see Shulkin has motivated Minneapolis VAMC to pull a few strings on getting the Veterans suicide rate to climb. Moving Veterans out to a virtual prison that is over crowded to house homeless Veterans. Insuring they cannot get jobs to get back on their feet or maintain a semblance of life as they know it.

“Veterans Affairs considers dumping Minneapolis veterans in Hastings against their will”  
Monday, August 14, 2017 by Susan Du in News

“<https://www.citypages.com/news/veterans-affairs-consider-dumping-minneapolis-veterans-in-hastings-against-their-will/439907013>”

A special song dedicated to Shulkin: “[https://www.youtube.com/watch?v=fmJbuvl1\\_O4](https://www.youtube.com/watch?v=fmJbuvl1_O4)”

1.

*Seymore Klearly*

They have been working on this one for a while. They have prevented the facility from accepting new homeless Veterans and only running at less than 80%. That was to claim the cost to operate the facility doesn't measure up to the Veterans helped.

51.

*Seymore Klearly*

With the VA number bending research who really believes that Veteran's suicides are only 22 per day?

Here is another representation, of so called facts, presented by the VA. In one of their reports they show that suicide rates among Veterans using VHC are 24% more likely to commit suicide.

“Comparison of Suicide Rates Among Veterans Who Do and Do Not Use VHA Services, 2001–2014”

“In 2014, male VHA Veterans were only 24 percent more likely to die by suicide than male non-VHA Veterans. Similarly, excess suicide risk among VHA female Veterans decreased from 86 percent to 5 percent between 2001 and 2014.”

From page 23 of “Suicide Among Veterans and Other Americans 2001–2014, Office of Suicide Prevention, 3 August 2016”

“<https://www.mentalhealth.va.gov/docs/2016suicidedatareport.pdf>”

1.

***ANutterVet***

@Seymore Klearly --- In the past I researched and found that the number was around 22. But, in the back of my mind, I always thought that the number of suicides whether receiving treatment or not, that this number was skewed. Isn't it strange, and how the VA uses their manipulation of numbers when they use percentages of a total sum, but yet the VA has been hesitant in publishing the EXACT numbers, and to also publish the TOTAL AMOUNT of Veterans that are receiving help through a VA program, plus the TOTAL AMOUNT of Veterans that aren't in any VA programs.

The VA thinks that they're slick huh? And they think they are pulling the wool over our eyes. Rat Bastards, all of them. Especially Retired Veterans who back up the VA's bullshit. These people are the worst. --- Nutter.

1.

***namnibor***

The only numbers the VA focuses utmost world class accuracy in are performance bonuses and ways to mathematically rip-off and scam taxpayer \$\$\$ for relocation allotments.

Notice you never hear any public service announcements from the big piggy or otherwise VSO groups out there on our fellow Veterans dying off from Veteran Suicide?

The VA's answer: Telemedicine and pharmaceutical blow darts and ice cream. Maybe all three combined at once.

2.

***namnibor***

Also, VA very tenacious about warning Veterans about travel pay fraud.

2.

***cj***

@Seymore Klearly: It's a great question Seymore, I believe that like any Government agency, take unemployment for instance, that the numbers are greatly under reported,

and the true number to be at least twice what we are being told. Even the links you posted say 24 percent of those “using the VA” nice slight of hand there. Now let’s add to the mix those Veterans that are suffering with extreme PTSD, are also homeless, and also neglected by the VA. The quack shrinks at the VA are under no obligation to actually treat any Veterans, in reality, at some locations they see as few as 2 Veterans per day. Isn’t that great? Yet Shithead Shill-kin, thinks the reason they do this at the VA, is so the Veterans family won’t find them? He should be fired this instant just for that answer. He belongs sharing a cell with Bubba.

1.

***Jst***

Rally scheduled to remove all dose ICARE plaques. Too many vets pleasuring themselves on it.

2.

***OLDMARINE***

AGENT G/jst/RICH B .Here is some fluff for you....Why don’t you steal the whole building at the same time your getting the horse then you can leave the I-care on the wall’s.....You will be famous as the biggest heist in history and didn’t get away with it LOL...U could be a long lost myth in some grade school in another 300 yrs

52.

***Dennis***

VA response to the nightmare;

...if you are in crisis, please call the Federal Government worker located maybe up to three thousand miles away who will cheerfully read to you from a pre-printed on screen script. This worker will likely have a good grasp of the english language but feel free at any time to press \*#\*5 to request an english speaking translator.

Please listen to the following menu as the options have changed;

Press 1 if you wake into full terrors and sweats as you drop off to sleep each night,  
Press 2 if you have not slept for more than 15 minutes at a time for more than 5 years,  
Press 3 if the nightmares you have every night were once real,  
Press 4 if it terrifies you to step out the front door of your home,  
Press 5 if the sunrise today felt cold and heartless.

To repeat these options, press \* or stay on the line for the far away federal government worker trained to understand these things to become available to assist you.

...hold music then ....click....dial tone.....

The next headlines? Vet commits suicide. VA next response? Just call the federal government if you are in crisis....

1.

***Windguy***

Don't forget, "And thank you for your service"

2.

***Jst***

We r holding rally also to remove them there government phones. If

3.

***Flotmorton P Gildersleeve***

Well said, Dennis, i.e. they pile the B.S. on top of B.S., ....corporate minimind solutions. Like working in the pentagon or being some cog in the fed bureaucracy,.....more gibberish and then the corporate solution again.....

53.

***ANutterVet***

...

54.

***Crazy elf***

Did anyone notice something ridiculous in the picture Ben used?

Question: Who authorized a "statue of a horse, with the "American Flag", as a horse blanket"?

How much did that cost the taxpayers?

Will that VHA say it's out there to help calm down veterans?

I think that statue is just as ridiculous as the "boulder in a pond" the VHA, in northern California, purchased to help calm down veterans! Or, the "Braille Sign" VHA purchased! Or, the "color changing walls and leather couches and chairs" a VHA purchased! ETC., ETC., ETC., ETC.!

Then, VHA's nationwide wonder "WHY" they run out of (taxpayers) monies, before the next fiscal year!

1.

***namnibor***

@Crazy elf — No worries about that horse statue with American Flag draped over it in front of that VAMC in today's "Bad VA Art".

Why never mind?

Because once some butthurt snowflake decides in the coming days/weeks that General Lee looked at that horse once or anyone the liberals want to erase from American History, the VA Snowflakes will beg congress critters for \$\$\$\$\$\$ to properly smelt the horse down into harmless baby rattles for these libtards that have gone all-out batshit crazy as late.

Also, I am GLAD pres. Trump called out the bad eggs on both sides of the conflict of

civil unrest and mayhem. The snowflakes are all bent out of shape because the driver of that car, as heinous as that was, has not been officially deemed/labeled a terrorist act. Well guess what? That asswipe sniper that ambushed/killed many police in Houston, TX from “the other side” was never labeled as he should have been either, “a thug domestic terrorist and group”.

I said it. So did our POTUS. I’m all for diversity but not the erasure of our history!!

**1.**

***Lem***

Clinging to history? Bull shit. Just another gun totting white supremacist trying to rub honest right thinking people the wrong way. My family passed for white after the civil war and took up your bullshit charm so I know exactly where your “history” lies. Oppression, separate and unequal and just plain violent crap

Too many bigots on this site for me to support it. Bye

**2.**

***Wyldechylde***

I try to live by the mantra “Don’t start no shit, won’t be no shit.” It constantly amazes me that other people have to start shit. Enjoy the war for America’s soul. I’m sitting this one out.

**3.**

***cj***

@Lem: Damn Lem, what the hell did you eat for breakfast?

**4.**

***ANutterVet***

@Lem, @!Wyldechylde -- Whoa, history is just that history. Just because someone doesn’t believe that statues that remind us of the Civil War shouldn’t be taken down, doesn’t mean that someone is a bigot. Shall we also go and evaluate the past of things about Democrat Presidents in which we don’t agree with by today’s ever changing standards of almost anything that is a topic or issue of the times? Get past the bigot issue. We all have one common theme, but we’re not united as a group in doing so, and that is to change the VA in whatever manner works to get the job done.

And, if I know that I’m right, and the VA’s medical protocol has negatively effected my life, then I’m in their fucking face. Nowadays, I don’t give a rats ass

if the VA gets upset. They can try to do whatever they want, but I doubt it, because I've already put them on notice as a threat to my health and well-being. And, the VA doesn't know what to think about this. I've stirred the pot (wish I had more) of my local VA. I don't care what they fucking think about me anymore. Their incompetent. I wasn't like this before. I guess I'm went into Disruptive mode. — — — Nutter.

## 5.

### *Lem*

Bull. I was a bigot too much of my life to not recognize the dog whistles. No glory deserved in our racist past. or any flag or statue that represents it. It is a part of history to be settled in the books without any glory. No shrine for Hitler or any like minded individual.

Quit justifying your fathers the way I did. recognize what you are doing and don't defend it. Apologize for it. All this shit because we had our first black President.

## 6.

### *cj*

@Lem: Hey Lem, I truly don't give a shit!!! What the hell is the damn statue made of? Metal? Stone? Everyone getting all worked up over a pet rock, or future bullet? Who the hell cares? Fuck history, you can't change it, hide it, or pretend it never happened. It just was. All you can do is learn from it. We are not in the past, and it really doesn't matter what the past means, to any particular person, or group. Fuck! So much time wasted on BS!

How much time you think you have left on this planet? You really want to waste the time you have left, by letting meaningless shit you can't change rent this much space in your head? You want to really waste all that energy hating? Okay then, hate away if it makes you happy, your still my brother, even if you view me as a gun toting white bigot. I will not return the hate if you don't mind, I kinda prefer to enjoy as much of the time left I have, as short as it may be.

You, me, the damn Snowflakes, need to look at the big picture, and stop getting bogged down by all of the assholes in charge of everything. We need to fight this monster together, side by side. If we ever take this country back and set it on the right course, you just may find out the assholes you been fighting next to, ain't so different from you after all. Don't let the progressives win by keeping us at each other's throats, we need to unite and conquer this shit as one!

Damnit, have some fun today, go for a walk, find some asshole in a business suit, jump in front of him, bear your teeth, shake your head, and growl like a pirate, and watch his sissy ass take off like a bat out of hell!

Get into a crowded elevator be the last one on, then turn around and stare at everyone, then when you see that they are freaking out, tell them how you just saved 15% by switching to Gieco.

You do realize at our age, we can get away with that shit right?  
Yeah yeah, I know, I'm of the tracks woo woo....

7.

***OLDMARINE***

cj.....daaaaaaaamn well said brother

8.

***ANutterVet***

Plus, the VA Staph keeps probing me with questions, trying to find out what weapons I have, ammunition, where the weapons are located, AND, if there is anyone else that may be part of my support Be observant and careful out there. – – Nutter.

9.

***ANuttrVet***

Hey Lem, to fucking extreme on your end. I've got a hell of a lot more important issues and concerns in my life. And as far as any distortion goes, many far left liberals who were successful in passing legislation, ones that have negatively effected the things of norm. They need to apologize to me. I guess were at a stale mate unless I perform as you wish. Now shall I tell you what to do?

Hey Lem, my father would run all many other fathers for not being what? Not being a father to their children. To this day, my elementary classmates have always told me that they remember my dad, because he didn't act like many other fathers in the neighborhood. They say, "your dad was a good person."

Plus, I found both my father and mother deceased at different times. When my pops passed, his viewing was filled with more black people than whites. While sitting next to my father's casket at the viewing, I watched one person kneel down in front of mom, look her straight in the eyes, then glace at me, then back looking at my mom, and he said, "Peggy, what I'm a going to do now, I lost my best friend."

I was stunned, as I watched that man lay his head on my mom's lap, and weep. I didn't know what to think of it then. But I surely do now. Lem, I guess what I'm trying to say is, that my father wasn't as you think that I've may have been influenced by. And, I guarantee you, that if you were able to know my father, you may have wondered about yours. No offense to you Bro, just saying. – – – Nutter.

10.

***Lem***

Yeh, my dad was well thought of also. Over 200 people at his funeral. But he was still a racists. When he last ask me if, “I’d like my one of my sisters to marry one,” my response was, yes, I know a lot of black men that would make good husbands.

Why was my father a racist? Probably because his family moved from SC to Missouri after the Civil War and passed for white. Dad never knew our first Bray arrival was an English sea captain who married a black woman in Boston and moved to South Carolina to start a plantation. So I suspect the shit moved down hill from passing for white for economic advantage without telling your decedents and taking up the racist lingo so as not to be found out. So yes, “dog whistles” like protecting our history. It is bull shit. That is not a history that needs protecting. It is one to be remembered but there are no heroes to be memorialized in it. It is just rubbing it in your face bull shit. How would you like to see a statue of Hitler in the middle of the Arlington Cemetery where WWII veterans are buried. Think about what this bull shit means.

**11.**

***cj***

Lem, what the fuck? If someone wants to be damn racist, let them be. Who cares? They want to suck start old Dodges in the junk yard, hey no skin off my back. Only time it becomes a problem is when they insist I do the same, that is when this white gun toting bigot takes aim. Know what I mean? Freedom means letting people do what ever Frost’s their damn cookies. The problem today isn’t the racist, or bigots, or any other ist’s. The problem today, is one group trying to force feed their beliefs, down everyone else’s throats, and if you say go fuck yourself, then the shit starts getting the fan. It’s time for the fan to be rewired for full on reverse. I know you know what I am trying to say.

Anyway.

Later Gators -!;j!-

**12.**

***Lem***

Exactly, “force feed beliefs.” And there are just beliefs and unjust beliefs as well as “it doesn’t matter beliefs.”

**13.**

***OLDMARINE***

Speaking of beliefs listen to this guy... don’t let the title fool you, he explains belief very well.....

The Flat Earth and Why They Are Lying To Us About That – YouTube  
“<https://www.youtube.com/watch?v=52blFw9oNBM>”

**14.**

***ANutterVet***

@Lem --- Nothing of the nature in which we're talking about wasn't in my environment at home, my father wouldn't allow. BTW, I'm sorry that your Dad wasn't more in tune with your feelings, and being less sensitive to how you saw things back then. I was fortunate enough to have a very reasonable father. He had house rules, and he also gave me the opportunity to speak out against them. How?

We had family meetings. And my pop shared with me, that if I didn't like some of the rules, that I could call a family meeting to discuss my views, and why the rule(s) should be changed. One thing though, I couldn't call the meeting based off of selfishness, manipulation, or not being able to present a reasonable case. This was fair to me, and there were many families where it didn't matter how the members felt. this was the rule, and end of story. Good thing that my dad protected me from certain social beliefs and dramas.

As far as Hitler goes, I denounce him, even when I first knew of him. But here is the thing, Hitler is a part of our Second World War history. Its separate. The confederate issues, well that's part of our history, the homeland. Now if they store these items in a museum, not many people would go. There would be no comparison, to the amount of people that would see the items in public. So this brings me to this question;

Would the population of our Nation be more reminded of this period of time, and the awful things involved during this time period, if these items were tucked away in a pay for see museum, or the items were in public? I believe that there would be more discussion stirred up if these items were let alone. Just my opinion. Oh, I don't follow or am I involved in a hate group. I forgot, only one that is against the VA. --- Nutter.

**15.**

***OLDMARINE***

As far as Hitler goes...he was a puppet also... and nutter you don't know when to drop stupid shit you go on and on trying to prove something no one gives a fuck about..lol... burn one and look out the window at nature.....chill

**16.**

***ANutterVet***

The other problem is this, when either side has the momentum going in their favor, then they force feed many distorted beliefs, one in which effects the US

population, no matter what road they are physically traveling on. Recently this fast streamlining process has been done. And, both sides of the isle take advantage of the tide when it is in their favor to pass law, judgement, and their idealistic ideas.

And lets not forget, that there many books that are in classrooms, which has distorted history. And you'd think that when these errors were found, it wasn't easy to get them off the shelves, or better yet, out of the classrooms.

Every time there is a fucking movement in our Country, that we go overboard in not analyzing what truly would be the best thing to do. Then we have to clean up the aftermath.

This reminds me of the movement in removing POTUS, because some believe that he didn't win. Wrong. These people don't know squat about the election process. But still you hear, he isn't my President, when in fact he actually is. I didn't like many things that wimpy POTUS BO did. Even though it was hard at times, I tried to still refer to him as President. This has been a good thread of a discussion.

And let us remember, that the main goal for Ben's site, is to get the VA to change its ways of treating Veterans; Health Care or Claims Process. — — Nutter.

**17.**

***ANutterVet***

@OLDMARINE — — Send me when then? LMAO. — — Nutter.

**18.**

***ANutterVet***

@OLDMARINE- — Dag nab Ole, thanks for helping me to stop spinning in my tracks. Good call for reminding me. With some, its all the way or nothing. Lem, ok, they don't belong in a museum either. LMAO, sorry if ruffling da fur. — — Nutter.

**19.**

***namnibor***

Let's not let the lunacy of the pending lunar eclipse divide us while snowflakes meltdown. Lunar events are also very influential on humans and animals.

**20.**

***Jst***

I am holding rally to remove that horse from the VA. Don't need a permit it's federal property. Best no one get in our ways.

**21.**

***OLDMARINE***

AGENT G/Jst You can have that horse he was lame anyway....Hope you have better luck with him than i had.I wouldn't try eating him he seemed party tuff when i had him..ENJOY...LOL

22.

***Windguy***

Damn – this shit's getting pretty tense. Makes me want to break out in show tunes...

The Inquisition, let's begin  
The Inquisition, look out sin  
We have a mission to convert the Jews (Jew ja Jew ja Jew ja Jews)  
We're gonna teach them wrong from right  
We're gonna help them see the light  
And make an offer that they can't refuse (that the Jews just can't Refuse)

2.

***Crazy elf***

To, namibor, Lem and Nutter,  
The following is my opinion, and only my opinion!

The only reason I mentioned that “Horse”, was because it’s a “monument”, or “statue”, placed there for some reason! Why, I don’t know! I just know a few things for sure!

- A.) It's had to cost the taxpayers something!
- B.) It had to be approved by someone in that VHA!
- C.) It had to be designed, then built by someone! Were the designer(s) and builder(s) related to someone at that VA?
- D.) Was an interior designer responsible for that statue? If so, how much did that cost the taxpayers?

These types of wasteful spending has to stop! The VA wastes BILLIONS of taxpayers dollars each year! As do other government agencies!

For example; Are the “bean counters” still “funneling monies off to help representatives win elections?” As was recently reported, (even by the MSM’s), about that “...multi-million dollar slush fund Obama started at the DOJ to help “radical leftists’ liberal democrat groups!”

Sorry about facts getting in the way of what some folks want to believe!  
And I’m not trying to start shit on here! These comments are mine, and mine alone.

1.

***Lem***

I agree, it is not a proper display of the flag. But it has nothing to do with the dog whistle about “protecting history.”

2.

### **Lem**

And, by the way, I suspect the horse was there before the VA. It is probably a remnant of a U S Calvary Base Hospital that was turned over to the VA after WWII.

### **3.**

#### **NiteWish**

— The American Quarter Horse Association & local businesses are responsible for the Horse(s). The businesses buy the fiberglass horses for \$3,000 the price includes the horse, a concrete slab, the installation, a plaque & the artist fee of \$600 per statue. Each horse weighs about 125 pounds. One article mentions a Ms. Mary Solomon, who sands & paints the horses & spends anywhere from 2wks to 1month on each statue. They do something like this is my town but with cows & then auction them off.

Theres also loads of obituaries suggesting memorials be to Thomas E. Creek Dept of Veterans Affairs.

While looking into the horse I came upon the original news article dated 7/26/17

~

“<https://amarillo.com/local-news/news/2017-07-26/veteran-commits-suicide-front-amarillo-va-hospital>”

### **4.**

#### **cj**

@NiteWish: Well darn NiteWish, I never thought of it being fiberglass. I knew they could find a new use for those quarter operated plastic horses in front of the kmarts,. Not fancy enough to come from a Merry go round.

Hey wait a minute, Merry go round? VA? Perfect match, NiteWish, your a genius!!!

### **5.**

#### **ANutterVet**

@Crazy elf, @cj, @Wyldechylde, @Lem, @OLDMARINE — I hear you elf. Its just that if I don't belief the same like some, then I'm a bigoted racist. Damn, that's news to me. Help me here. Does this mean that my black friends, that I'm lying to my self, because I don't believe in my heart and mind that they're a friend of my in the first place?

See how this shit is complicated, confusing to some, and taken well overboard and out of place. Change the contents in the school books, so that we can manipulate our next generation, and lie to them. Sometimes, things are left alone to help us to remember what something shouldn't be.

And, I have an issue of believing that the Pig Teachers Association will do an excellent job of describing this time period of our history. And, the truth of how and why it happened in the first place. No more dumbing down of America.

elf, I know how you feel, and you have nothing to apologize about. We need to always focus on what our goal is about the VA. And, to not waiver off from this.  
— — — Nutter.

55.

***namnibor***

@G- You need a new crack dealer or better yet, lay-off the crack pipe. Your ignorance slip is showing.

56.

***namnibor***

[...Is silence what the veteran wanted? Is VA truly trying to protect the dead veteran's suicide or are they trying to cover up the epidemic of veteran suicides nationwide?...]

Cover-up, of course. Just in last day or so, VA Sec. Shulkin stated he cannot understand WHY Veterans are killing themselves in front of VAMC's or in their parking lots.

They cannot grasp in their feeble egotistical God Syndrome minds that THEY/THE VA, are very much the contributing reason and these suicides are obviously HUGE statements of DESPERATION because of lack of care or just plain shit-care. Shitkin Care.

RAND Corp. recommends the VA change name to SHITKIN Care or SHITCAN Care. Both are applicable.

57.

***Lem***

I'm applying to reopen the Central District of California U S District Court Case 88-6276.

I've been aware since I first filed the case that organic brain syndromes very often play a part in suicide. Probably the most frequent problem is subtle undiagnosed and therefore untreated "anosognosia". Not the extreme "unilateral neglect", but the effect of 4 or 5 drinks in an hour that never goes away resulting in fuck ups that you eventually blame some demon that you can only get rid of with a finale exit.

58.

***Crazy elf***

I put this article on here yesterday. Maybe it's time for a redue!

From: "Military.com/Daily News"

Dated: 14 August 2017

Titled:

"Parking Lot' Suicides Roil VA Hospitals"

By: Richard Sisk

In the article, Secretary of VA, Dr. Shulkin, says he can't understand why veterans are committing suicide in VA parking lots! He believes it's being done so family members won't find the bodies and that the VA can take care of the veterans body! (Horseshit!)

Veterans know the "WHY"! It's because the Veterans are receiving pisspoor healthcare!

Read the article. It's very enlightening!

59.

*lily*

I'm not really surprised. I've gone to psychiatrist and psychologist since year 2001 to see what they have to offer and it hasn't been helpful. Most of what I do to handle my PTSD is holistic. When has a therapist told you that a negative ion generator can relieve your stress? When has a therapist told you that keeping your room medium humidity will enable your body to produce melatonin so you can sleep better? When has a therapist told you that Vitamin C will lower your stress chemically by counteracting the stress hormone cortisol? Has a therapist ever told you that yoga breathing for 15 minutes laying on the ground will relieve stress? Did your therapist tell you to listen to stress relief music all the time when alone in your room to relieve stress? When has a therapist said to take phosphatidylserine to increase your focus and relieve your sense of hyperactivity? Did a therapist tell you that taking triple strength fish oil will help with depression? Did a therapist ever recommend to you to a full body self massage yourself every day? When has a therapist recommended Qi Gong for stress relief? See the point is I've gone to these therapist and all that happens is I talk and they talk. I leave and feel a little well getting some things off my chest but that's about it. It's usually more counterproductive since I feel my therapist right now is more concerned with getting my VA Compensation down than actually helping me.

Another thing therapist don't tell you is that caffeine can be bad for anxiety, increase cortisol and cause other problems. Yet every time I walk in the vet center the first question they ask me is "do you want some coffee"? I saw some guy come in the vet center for therapy and take a cup of coffee the other day. I just thought "that's not a good idea if you have anxiety problems".

1.

***Nexdeceptus***

Lily, I do some of the things you do and that's what helps me the best. Especially the music. As for seeing the psyc, the only benefit I get from that is the \$24 for gas money.

1.

***Genius H Kennard***

Somebody tell me, Why won't they allow cameras at the Miami VA? Oh! What could they possibly be doing wrong?

2.

*lily*

That's good you do those things too and they help. We need something and this therapy is pretty weak stuff. I don't take meds because I got hallucinations from them the last time.

2.

**James Gallegos**

When I go to my psychologists, I do not offer anything about what I'm going through. I know for a fact that any information you give about your self can and will be used against you. That how they rationalize the need for the disruptive committee.

Every veteran suffering from ptsd and or traumatic brain injury is automatically considered a threat or could become a threat sometime in the future.

Now your a veteran with ptsd and or traumatic brain injury and having a bad day and the VA employees see this, do they approach the veterans and ask what's wrong or ask if they are ok and offer help !..

Or do these employees see the veterans in distress and pick up the phone and call the police and the police Hoover near by, the veterans see the police and their 38 special peeking around the corner.

Or do these employees see the veterans as a threat or could become a threat. The veteran thinking about killing themselves and speak loudly or act some other way and this is threatening and the VA kicks the guy out, without trying to find out what's going on.

I do not believe these employees even care and will do what ever they can to make the veterans even madder.

Let's see ptsd, traumatic brain injury and the veteran is on high dose of medication and act strange to the employee. That must be really scary for the employee !

One would think these employees knew that they worked at a VA hospital and should expect situations like the above and know how to handle it.

Nope, claiming that the veterans are disturbing other veterans or employees and then reported as a threat or could become a threat sometime in the future.

Too many stories of wrongdoing by VA employees for everyone to be wrong.

Every veteran needs to get a copy of their medical records and read what VA employees are really saying about the veterans behind their backs.

Veterans are nothing more than an excuse to get a pay check, if we live or die is of no consequence to VA employees.

There will always be more.

1.

**VA NEPOTISM OHIO**

James, Nice write up and comments. I enjoyed reading it.

The VA Doctors (non Veterans) are evil here in at Akron Ohio VA, and Wade Park Cleveland VA. Just down right sinister. I never met medical employees and doctors so utter hateful, disrespectfully, unethical, and down right unprofessional like here at the Ohio VAs.

Here are few:

1. Peter Barach AKA Dr. Frankenstein (non Veteran Draft Dodger 1969-1973, Draft deferment or military waiver for mental illness 1969 to 1975) Wade Park Cleveland Ohio VA, AKA “The Monster of Shaker Heights” Cleveland Ohio. Peter Barach grew up across the street from the Wade Park Cleveland Ohio VA. His family and his friend work there. Flunked out at John Hopkins University in 1972, and ended up at Ann Arbor Mi to finish a degree in children (kindergarten science). Got back home in “Shaker Height” Cleveland Ohio, then went to college at the Western Reserve across the street from where he lived. Just amazing, never seen a more clear cut case of NEPOTISM, like Peter Barach’s story. Dude lies on injured former soldier’s C and P exams and sabotages vulnerable veteran’s claims with impunity...
2. Pamela Sue Sherer Non Veteran Waterloo Road Akron Ohio VA, and
3. Eric Canna (non veteran) Waterloo Road Akron Ohio VA.

They are down right hateful these non veteran employees here at the Ohio VAs, manipulating medical notes, obtaining in service treatment notes prior to the veteran’s obtaining the in service medical notes, and thus screening the veterans out of injury claims, manipulating symptoms in order to make disorders look like non claimable disorders. They cover-up past suffering from the lack of care by the VA. There nothing that these non veteran employees are not doing to the vulnerable veterans. They stick together like a “Pedophile Ring”.

If you contact senator Sherrod Brown (D) Ohio, or Congressman Tim Ryan (D) Ohio, these VA employees circle wagons and retaliate against the injured veterans and disabled former soldiers. It is terrible here in Ohio. The only ones that are protected is the non veteran VA employees, and NOT the vulnerable veterans. Injured former soldiers and disabled veterans need to file 10 and 15 claims in Ohio. Tens-of-millions of dollars have been stolen from the VA by this Ohio Director, and his toadies, who now in federal prison for numerous felonies. The only ones benefits and getting paid, and getting good health care in Ohio, is the VA non veteran employees. It is world turned up side down with these self serving nuts.

# Veterans Affairs Police Are Supposed to “Protect Those Who Served.” They Have a Shocking Record of Brutality and Impunity.

Jasper Craven [jclarkcraven@gmail.com](mailto:jclarkcraven@gmail.com) @Jasper\_Craven

30-39 minutes

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Derrick Hathaway served multiple tours in Kosovo, contributing to a NATO peacekeeping mission aimed at preventing ethnic cleansing. While Hathaway envisioned his Marine mission as a humanitarian one, he soon became ashamed of his work. In the course of mapping safe routes for NATO forces, Hathaway’s platoon would perform no-knock home raids to search for weapons or contraband, leading to tense confrontations with frightened families.

“It was martial law,” Hathaway said. “That left a nasty taste in my mouth. All we were doing was feeding a new form of hate.”

Still, Hathaway followed orders and earned a number of awards for his military service, including the Good Conduct Medal, which is given to recognize “good behavior and faithful service.” But after half a decade in uniform, Hathaway was given a bad conduct discharge in February 2005. He got the boot after failing a Department of Defense drug test administered shortly after a rowdy weekend in Myrtle Beach, South Carolina. Among other things, this denied him access to mental health care through the Department of Veterans Affairs.

For years, veterans advocates and policymakers have worked to open the VA to the half-million so-called bad paper veterans like Hathaway. Last year, Congress directed the VA to offer more mental health care benefits to this neglected population. For Hathaway, however, it was too little and too late.

“The military threw me to the wolves,” Hathaway told The Intercept. “I couldn’t get counseling. I was abandoned by them.” Desperate for help, Hathaway visited his local VA hospital in Phoenix and would occasionally receive care on humanitarian grounds.

The Veterans Affairs Medical Center in Phoenix on June 18, 2019.

Photo: Caitlin O’Hara for The Intercept

It was September 9, 2015, at around 10:30 a.m. when Hathaway, then 34, entered the hospital looking somewhat disheveled. The temperature outside had already hit 93 degrees Fahrenheit and would continue to climb. He was wearing a whimsical green T-shirt emblazoned with the Tootsie Pop slogan, “How many licks does it take?”

A hospital staffer quickly recognized Hathaway from a previous visit, deemed him a trespasser, and alerted the Veterans Affairs Police of his presence. According to a police report, three officers quickly showed up and tried to arrest Hathaway, who resisted. In the scuffle, Hathaway allegedly kicked officers and bit one’s right thumb.

Once handcuffed, Hathaway was forced into a wheelchair and hauled to a cramped holding cell in the hospital. First, two officers grabbed him by the shirt, rammed his face and body into the back wall of the cell, then threw him to the ground, according to a lawsuit Hathaway filed later. Grainy video surveillance appears to corroborate this account, and it shows that three officers proceeded to pile on top of him. Hathaway alleged that in this pile-on, Sgt. Joshua Fister strangled him. (Though the video footage itself appears inconclusive on this point, police photos taken after the incident show red marks around Hathaway's neck). Hathaway was ultimately left sprawled out on the floor, bruised and bleeding from a 2-inch gash on his head. At some point during the melee, one of the officers stepped in a puddle of Hathaway's blood, which he tracked into an exterior hallway.

The hospital visit resulted in five criminal charges against Hathaway, including felony aggravated assault of a police officer. The assault charge stuck, and he served 16 months in prison, which upended his life and recovery.

After he got out of prison, the husky former Marine filed his suit against the VA, alleging that its officers used excessive force. Late last year, the VA settled with Hathaway for \$25,000, according to his lawyer, Charles Piccuta. (A spokesperson for the Phoenix VA noted that the settlement "included no admission of liability or fault on the VA's part.")

Fister, the cop who allegedly choked Hathaway, has also faced a previous allegation of excessive force: A former VA police officer in Phoenix said that two months before Hathaway's arrest he witnessed Fister choke a different veteran patient who, just prior to the incident, was expressing suicidal intent but "wasn't being disruptive" or violent in any way.

"His eyeballs were popping out of his head; he was turning another color," said the officer, an Army veteran who remains in law enforcement and requested anonymity to avoid adverse professional consequences.

These images of Derrick Hathaway were included in a police report produced after his arrest in September 2015. Photos: Phoenix Veterans Affairs Police Department

The officer said he reported the incident to his deputy chief and the hospital director. Correspondence reviewed by The Intercept shows that he also informed the FBI. While the VA Office of Inspector General launched an inquiry, the whistleblowing officer said he was never interviewed. (When asked for comment, the VA OIG provided a statement saying that it does not comment on "investigations it may or may not have completed involving an individual.") After news of the officer's complaints leaked into the lower ranks of the department, other cops harassed the whistleblower, threatened him, and keyed his car.

"It comes down to the thin blue line: Officers don't want to tell on other officers," said the whistleblower, who left the department in December 2016.

Piccuta told The Intercept that all five officers accused of causing Hathaway's injuries, including Fister, remain on the VA police force. In response to a detailed list of questions, a spokesperson at the Phoenix

VA provided a statement emphasizing Hathaway's behavior and subsequent assault conviction. The spokesperson did not make Fister available for comment, and messages left at voice mailboxes and email addresses associated with his name were not returned.

Shocking reports of police violence against elderly patients at VA facilities have emerged in recent years.

The allegations against Fister do not appear to be exceptional. Shocking reports of excessive violence against veteran patients, many of them elderly, have emerged in recent years. They include then-71-year-old Vietnam veteran Jose Olivia, who in 2016 [was tackled to the ground and arrested by VA police](#) in El Paso after setting off a metal detector. The attack, captured on a surveillance camera, resulted in shoulder and throat injuries that required surgery. The same year, Marine veteran Danny Ralph and his service [dog were both slammed to the ground by VA police](#) in Spokane, Washington. Police charged Ralph, then 60, with disorderly conduct, contending that he refused to keep his dog outside the facility despite repeated requests.

Violent incidents like these can have fatal consequences. In 2014, the [VA paid out a \\$500,000](#) settlement to the family of Jonathan Montano, a veteran who died following a physical altercation with police at the VA hospital in Loma Linda, California. Police ruptured Montano's carotid artery, which resulted in blood clotting and a stroke. Last May, a 66-year-old veteran named Dale Farhner died following a physical struggle with VA police in Kansas City, Missouri. Police detained Farhner because he was apparently driving the wrong way down one of the hospital's driveways, according to [the Kansas City Star](#). One year later, the VA still has not released any information on Farhner's death despite requests from the Star, Missouri's U.S. Senate delegation, and Farhner's family.

The Veterans Affairs Medical Center in Portland, Ore., on March 31, 2015. According to internal reports, two veteran patients suffered injuries at the hands of multiple officers at the facility in 2017. Officials determined that the officers acted appropriately.

Photo: Don Ryan/AP

## Protecting Those Who Served

Today, nearly 4,200 Veterans Affairs police officers are stationed at 139 VA medical centers across the country. These cops are tasked with keeping order on VA grounds and overseeing a patient population that includes many highly trained ex-military members with psychological trauma. The force's motto is "Protecting Those Who Served." Yet for Hathaway and scores of other veterans, that maxim hasn't matched the reality on the ground.

After reviewing internal police reports, legal documents, and local news reports spanning the past 10 years, The Intercept has identified dozens of credible allegations that VA cops in every corner of the United States have neglected standard police procedures, violated patients' constitutional rights, or broken the law. In the course of their duties, they have beaten veterans, bungled sensitive investigations, [falsified arrest reports](#), conducted improper searches, and ignored basic procedures, like reading citizens their Miranda rights.

It's impossible at present to determine the prevalence of misconduct among VA police and how that might compare to other law enforcement agencies — largely because of the department's own failures. According to a sweeping [December report](#) from the VA's Office of Inspector General, the VA "did not have adequate and coordinated governance over its police program to ensure effective management and oversight for its approximately 4,000-strong police officer workforce." The OIG found that forces at roughly three out of every four facilities were not receiving timely inspections. Further, the sparse data collected on police activities was not tracked or assessed in any systematic or rigorous way.

In other words, even if it's unclear how prevalent misconduct is among VA police, it does seem apparent that the department's lack of oversight structures stacks the deck against accountability and in favor of impunity.

While the VA police force was formally classified as a federal law enforcement body in 1991, its officers were not issued firearms for nearly a decade. But the VA soon provided its cops with the tools of modern American policing, partnering with the Pentagon as part of its highly controversial 1033 program, which provides military-grade equipment to police departments across the country. Between 2005 and 2014, VA police departments acquired millions of dollars' worth of body armor, chemical agents, night vision equipment, and other weapons and tactical gear.

VA police in every corner of the U.S. have neglected standard procedures, violated patients' constitutional rights, or broken the law.

Despite this windfall, VA police face critical staffing shortages and are often unable to uphold their basic mission of ensuring security on hospital grounds. (As of late last year, 40 percent of all VA police departments had an officer vacancy rate above 20 percent.) In the past year, the OIG has identified a half-dozen facilities where police failure to carry out required safety procedures "resulted in a lack of assurance of a safe environment for patients and staff." In one typical example from an inspection of a VA hospital in Marion, Illinois, investigators found that police weren't remediying problems with the hospital's panic alarm system. They also had not addressed longstanding security deficiencies at the hospital's pharmacy, which put it "at risk for potential loss or theft of medications."

The officers themselves appear to receive as little scrutiny as the security issues they're supposed to monitor: Oversight of the cops is sparse, decentralized, and split between local hospital leaders and a dysfunctional, Washington-based body called the Office of Security and Law Enforcement. The December OIG report identified significant internal confusion regarding OS&LE, with VA officials believing it to be the agency's police watchdog despite the fact that the office lacks authority to hold departments "accountable for adhering to police program policies."

One of the office's main responsibilities is inspecting departments. Yet the OIG found that beginning in 2014, OS&LE had just six full-time staffers tasked with inspections and oversight of VA police. By 2017, three of these employees had been diverted to other roles. (Since the OIG released its report, the department has provided OS&LE with 10 additional staffers.) Because of staffing constraints, OS&LE did not provide timely inspections for 74 percent of VA medical facilities.

In response to The Intercept's inquiries, a department spokesperson said that the VA police force is currently undergoing reforms based on the OIG's findings. Specifically, the department has hired a

senior security officer and 18 regional security managers to identify challenges, review inspection reports, and promote hiring and retention. The department will also soon pilot new software designed to continuously assess the state of physical security at department hospitals and recommend improvements. The spokesperson added that inspection times have improved, in large part because OS&LE has hired additional staffers.

The OIG's 2018 report was the latest in a string of embarrassing inquiries dating back to the late 1980s. Some of the most shocking findings came in a 2011 Government Accountability Office [report](#) that found that many of the nearly 300 sexual assault allegations reported to the VA police since January 2007 were not passed on to the OIG — in violation of departmental regulations — or to VA leadership.

Last winter's report was spurred, in part, by a wave of police complaints pouring into congressional offices. Earlier this year, Congress directed the Government Accountability Office to further investigate the VA police, and two weeks ago, lawmakers on the House Committee on Veterans' Affairs [grilled](#) VA officials on police misconduct in their districts.

"It's hard for me to sit here and answer questions after hearing the stories that you're talking about," Renee Oshinski, an acting deputy under secretary at the VA, told lawmakers. "We have to go back and question whether or not the things that we are doing are being effective."

The Department of Veterans Affairs headquarters in Washington, D.C., on June 16, 2019. Only a few miles away, staff at the local VA Medical Center allege that pervasive police misconduct festered unaddressed.

Photo: Michael A. McCoy for The Intercept

## Corruption in the Capital

In April 2017, shortly after Tony Hebert became the Washington D.C. VA's new acting police chief, he held a meeting with his officers in a conference room near the hospital's dental clinic. Many hoped that he would conduct a much-needed cleaning of their dirty department: Two years earlier, two dozen current and former cops had taken the extraordinary step of suing their then-chief Jerry Brown on the grounds that he had secretly installed surveillance equipment, including in changing rooms used by men and women, and snooped on staffers. According to the complaint, Brown "conspired" to spy on staff with the VA Medical Center's then-director, Brian Hawkins, whose tenure at the hospital was scarred by a damning OIG [report](#) that found hospital leaders were upholding a "culture of complacency" that led to serious lapses in the quality of care. (An attorney representing Brown and Hawkins did not respond to requests for comment.)

The reform-minded officers' optimism was short-lived. In his introductory remarks, Hebert made clear that if anyone on the force interfered with his leadership, he would "roll the fuck over us," according to a complaint later submitted by Officer Jeremy Balzan to the Department of Justice. According to an administrative complaint submitted by Capt. Luis Rodriguez, during multiple meetings, Hebert slammed his badge on a table and yelled, "I am the fucking chief of police! I have a gold badge; you have silver badges. You will do what I say, or I will fucking fire your asses!"

One of Hebert's first acts as police chief was hiring a man he later described as his "best friend," according to Rodriguez's complaint. Alfred Coburn was hired as one of three new captains at the time, but job postings appear to indicate that only two of those positions were publicly listed. If Hebert hired Coburn for an unlisted position, as Balzan suggested in a formal grievance, it could mean that he violated federal hiring rules. (In an interview with The Intercept, Hebert categorically denied this and all other allegations against him.)

VA police in Washington, D.C., allege that they were repeatedly ordered to falsify training records, dispatch journals, and police reports.

But crony hiring is just one of the many allegations of misconduct that have since dogged Hebert. Balzan, Rodriguez, and two other VA cops who requested anonymity for fear of adverse professional consequences told The Intercept that Hebert repeatedly ordered officers to falsify training records, dispatch journals, and police reports, often in order to make charges less severe and to suggest that criminal activity had been curtailed on his watch. Specific incidents are documented in Balzan's complaint, which alleges that Coburn also ordered changes to a police report in one instance and falsified reports himself in others.

The OS&LE later documented a plethora of bookkeeping irregularities in the D.C. department, from late and illegible firearms and ammunition records to training sheets that were filled out before said training had occurred. It also found that the department's investigative reports frequently left out key details and suggested the police work was often not thorough enough to "determine whether a crime has been committed." At least one report cited a witness statement that was never produced. Two reports of sexual assault made against D.C. staffers were not appropriately investigated by VA police. In one of those instances, the survivor was never even interviewed.

Balzan claims that one day while he was monitoring closed-circuit surveillance footage in October 2017, he witnessed Coburn visiting the department on his day off with a woman the DOJ complaint identified as his girlfriend. After parking illegally on the emergency room ramp, he entered the hospital, had an employee print an incident report from weeks prior, and filed a revised report. In addition to restructuring narrative details, Coburn also added felony charges against the subject of the report, who had stated his desire to file a complaint against Coburn, according to the statement Balzan submitted to the DOJ.

Ironically enough, Balzan and another VA police officer said they witnessed closed-circuit footage of Coburn using excessive force on a government employee over a parking violation just one month after his own unorthodox parking job. The individual allegedly parked at the VA while going to pick up his mother at a nearby clinic. After Coburn and another officer approached the individual, he fled and was eventually taken down by the officers. The department's subsequent use of force review faulted Coburn's actions as "in violation of the subject's Fourth Amendment rights." (In the review, Coburn claimed that the subject tripped.)

Finding little recourse to address misconduct internally, Balzan organized nine cops and administrative staffers to sign onto his DOJ complaint. His efforts came on the heels of an August 2017 OS&LE inspection that found the D.C. department was "not operating in a satisfactory manner."

Under fire and with the specter of accountability on the horizon, Hebert made good on his inaugural promise to punish the police who had gone against him, according to the four officers who spoke to The Intercept. Balzan said he filed his first grievance after Hebert removed him from his detective position and put him on dispatch duty on the grounds that he had failed a firearms test — despite the fact that other cops who performed at a similar level were given additional training and testing and allowed to stay in their positions. Balzan said his pay was reduced by at least \$5,000 as a result of the reassignment. He continued to file complaints and said he received threats from Hebert, as well as an anonymous email that stated, “Resign while you can before you get fired.”

Capt. Luis Rodriguez of the Veterans Affairs police department sits outside of the VA facility in Washington, D.C., on June 16, 2019.

Photo: Michael A. McCoy for The Intercept

Rodriguez, meanwhile, shared concerns with a union official that Hebert was targeting whistleblowing cops in order to remove or demote them, and he wrote a statement for the Equal Employment Opportunity Commission in support of Balzan. In December 2017, Rodriguez received a letter from the hospital director proposing his termination on the vague grounds of “failure to meet conditions of employment.”

“There’s no way we can do our jobs when they keep us underneath their thumbs,” Rodriguez said. “It feels like VA leaders are untouchable.”

Coburn and Hebert, meanwhile, remained essentially unscathed. Last summer, they moved to new positions at a VA police department in Poplar Bluff, Missouri. While Coburn is still on the force, Hebert recently left the VA. According to LinkedIn, Hebert had a short stint at a private security company that does business with the VA and is now the Virginia director of security solutions for another private firm, Bri-Bet Group, according to its website.

A spokesperson for the D.C. VA said that a new permanent police chief and hospital director are putting the facility “on a new path” and remediating the problems identified by the OS&LE. The spokesperson declined to address specific allegations against Hebert and Coburn without their consent. In a brief phone call, Coburn declined to speak about his VA work. “You can print whatever the hell you want,” he told The Intercept. “I don’t really care what happens.”

In an interview, Hebert said he was a “very successful chief” who earned outstanding performance evaluations, though he declined to provide them to The Intercept. He said he was targeted for being a white chief in a mostly black department.

## Death by a Thousand Cuts

The retaliation alleged in D.C. is not uncommon. Last summer, the [GAO](#) found that VA whistleblowers are 10 times more likely to be disciplined than their peers. Two months before the report, the Daily Caller published a story highlighting the plight of four VA police whistleblowers. These cops and others who spoke with The Intercept say their actions spurred specious counterinvestigations, relegation to desk duty, unfair annual evaluations, and other retaliatory actions that jeopardized their jobs or made

promotions impossible. Three cops from different departments told The Intercept that administrators illegally accessed their medical files in attempts to uncover dirt and write blackmail.

At the VA hospital in Saginaw, Michigan, Air Force veteran and VA Officer Mary Baker told The Intercept that she brought forth allegations that cops on the force were routinely making blatantly racist remarks and having casual conversations about rape. While her allegations were largely affirmed following an internal investigation — which found that “Police Service Leadership supported a culture of allowing inappropriate behavior (public simulated sex acts, racial slurs, etc.)” — Baker said the findings were disregarded, and the offending officers even continued to receive promotions. As one of two women on the force, Baker said her qualifications are consistently questioned, and she continues to face sexist behavior.

Air Force veteran and VA police Officer Mary Baker in May 2019.

Photo: Courtesy of Mary Baker

“It sickens me to see these people in leadership roles,” Baker told The Intercept. “Meanwhile, I feel like I’m a contestant on ‘Survivor’ or ‘Big Brother’; people are trying to get a reaction or a response out of me. They want to point the finger at me, make me look unstable, unfit, emotional. They have put so much pressure on me.”

In a statement provided to The Intercept, a VA spokesperson in Saginaw said, “The allegations were investigated, processes were followed, and appropriate action has been taken.” She confirmed that three of the five cops who Baker claimed engaged in inappropriate behavior remain VA officers.

Officer Tim Petoskey, who spoke with both the Daily Caller and The Intercept, alleged that police leaders at the Seattle VA engaged in gross mismanagement, rampant discrimination, and illegal searches of veteran patients. Petoskey’s specific allegations, which were later corroborated in a 2015 internal investigation, included instances of cops referring to black VA employees with the “N-word” or describing them as “fucking monkeys.” Cops were found to have engaged in a litany of additional misconduct, from sloppy budgeting and unfair hiring practices to misplacing hundreds of police reports.

“It’s death by a thousand cuts,” Petoskey told The Intercept. “My pay is messed up. My work orders for equipment get lost. I’ve been passed up for promotions. More troubling, our major forms of redress … are taking VA’s cartoonish excuses for this retaliatory behavior as valid.”

In response to The Intercept’s inquiries, a department spokesperson said the hospital “thoroughly investigated” the allegations and “fixed all of the identified issues.”

“As a result of that investigation, four officers — none of whom still work for VA — left the VA Puget Sound police before any discipline could be administered,” the spokesperson said.

Capt. Luis Rodriguez patrols the VA Medical Center by car in Washington, D.C., on June 16, 2019.

Photo: Michael A. McCoy for The Intercept

## Qualified to Serve?

The VA police force has long struggled to recruit and retain clean, qualified cops. In 1988, the VA's inspector general found that 57 percent of department officers surveyed were unqualified, unsuited, or both, including 21 police officers who did not disclose prior criminal convictions on their applications for VA employment. In 1989, the VA created the OS&LE in part to address this shortcoming.

Today, prospective VA police are required to submit to a criminal history check, a drug test, and a medical examination. But because the department is desperate to fill its many vacancies, it seems to many on the force that some qualifications are requirements in name only. In September 2017, the department issued a policy advisory that allows police to be given interim credentials before a background investigation by the Office of Personnel Management is completed. (In response to questions about officer vacancy rates and retention, a VA spokesperson told The Intercept that the department has added a net total of 402 officers since 2014.)

At least one officer with serious professional blemishes has risen quite high in the force: the D.C. VA's deputy chief, Roger Lindsay, who, according to court documents, was [indicted](#) by a grand jury in 2004 on charges of intimidating and threatening witnesses to extract statements for a murder investigation while working as a municipal police officer in Brazil, Indiana. (The charge was dismissed on appeal due to the statute of limitations.) Lindsay also purchased a [fake MBA degree](#) and submitted it as part of an application to be a police chief at a department in Florida. The OS&LE's report on D.C. police noted that when Lindsay was under consideration for a job, the VA did not exhaustively examine his previous five years in law enforcement, per departmental requirements. (A spokesperson for the D.C. VA said the hospital is "conducting a top-to-bottom review of Lindsay's hiring," which was made under Hebert's direction; through the spokesperson, Lindsay declined to be interviewed.)

The department's centralized training academy in Little Rock, Arkansas, is its primary attempt to professionalize its police. Yet the standardized training for VA cops today lasts just 400 hours, which falls significantly below training requirements for many local cops, which vary by jurisdiction. Massachusetts, for example, requires [900 hours](#) of training to become an officer. And despite the unique challenges that VA officers face in dealing with veteran patients, the curriculum focuses little on how to police in this environment.

The academy dedicates only two hours total to "veteran-centered policing," one hour to "crisis intervention," and one hour to "post-traumatic stress disorder." Despite a recent [series of shocking suicides on hospital grounds](#), would-be VA cops are given just one three-hour lecture on "suicide awareness and prevention," according to the 2019 training curriculum, which was obtained by The Intercept in a public records request.

"When I came out of the academy, I was stupider than when I went in."

The training is held in uniformly low esteem by the officers who spoke to The Intercept. Charles Harrington, a VA police officer out of Bay Pines, Florida, said a lot of his colleagues "do not have the appropriate legal foundation" to serve, while Officer Ghassan Ghannoum of the West Los Angeles VA bluntly said, "When I came out of the academy, I was stupider than when I went in."

In response to The Intercept's inquiries, a spokesperson for the VA pointed to the academy's accreditation by the Federal Law Enforcement Training Accreditation Board and claimed that it has a "reputation for excellence" among other federal law enforcement agencies that hold trainings there.

Inadequate training may account for the lackluster execution of much day-to-day police work. One troubling finding highlighted in the OIG's winter report was that officers at the Chicago VA were not consistently advising suspects of their constitutional rights during arrest.

VA police officers across the country have been found to repeatedly issue federal charges with scant evidence for minor violations, a practice that can cause legal headaches and significant bills. The VA police force in Pittsburgh, for instance, has [charged](#) hospital employees with disorderly conduct, receiving stolen property, tampering with evidence, and invasion of privacy — charges that were later withdrawn or dismissed in Allegheny County District Court. In 2017, Tampa Bay's NPR station WUSF [found](#) that VA police were taking veteran patients to federal court over small infractions, from parking tickets to spitting.

A VA police detective in Seattle acknowledged to OIG investigators that shoddy police work led to legitimate cases being dropped. Lawyers said that police routinely wrote poor reports that misstated statutes and didn't properly justify probable cause for actions. One staffer inside the local U.S. Attorney's Office simply described the Seattle department as a "hot mess."

Navy veteran and VA nurse Juan Victoria in June 2019.

Photo: Courtesy of Juan Victoria

## The Big, Powerful Men

In October 2017, Navy veteran Juan Victoria, a nurse at the VA hospital in Fayetteville, Arkansas, was charged with disorderly conduct and resisting arrest after expressing his intention to report improper behavior by a VA police officer.

Victoria said an officer named Jeff Eye came into the hospital's triage room, told a patient that his car was parked illegally, and demanded that he move it immediately. Victoria, who was the nursing supervisor that night, told Eye that his actions had violated various laws and regulations, including the Emergency Medical Treatment and Active Labor Act, which guarantees patients uninterrupted access to emergency care.

"I was advocating for the patient and the VA," Victoria told The Intercept. "If the patient had left the triage room before being evaluated by a physician and experienced a serious medical event, we would have had no justification for why the patient was taken out of the ER. We would have been held liable."

Victoria said his words angered Eye, and a scuffle ensued. In a statement Victoria drafted and sent to VA administrators hours later, he said Eye and another VA cop "took hold of my arms and forcefully took me to the ground, hitting the left side of my forehead and my right knee while also damaging my glasses and phone. ... One of the officers put what felt like his knee on my back and neck." Victoria was arrested, placed in a holding cell, and charged. According to local union officials, his arrest was the

second violent incident between VA cops and nursing staff in two months and a violation of the police's code of conduct.

A spokesperson at the facility provided the following statement on behalf of the VA: "The incident at the center of this inquiry involved an employee who improperly intervened in a police matter and refused to comply with a police officer's instructions despite repeated warnings. The Veterans Health Care System of the Ozarks investigated this incident thoroughly and found that the officer's use of force was appropriate." Attempts to reach Eye by phone and email were unsuccessful.

Nevertheless, after Victoria's congressperson, Republican Steve Womack, intervened with an inquiry on his constituent's behalf, all of Victoria's charges were quickly dropped.

"Every time I see that cop now, he smiles at me," Victoria told The Intercept. "In his mind he thinks he's taught me a lesson — not to mess with the big, powerful men: the cops."

### Jasper Craven

July 8 2019, 11:00 a.m.

Derrick Hathaway served multiple tours in Kosovo, contributing to a NATO peacekeeping mission aimed at preventing ethnic cleansing. While Hathaway envisioned his Marine mission as a humanitarian one, he soon became ashamed of his work. In the course of mapping safe routes for NATO forces, Hathaway's platoon would perform no-knock home raids to search for weapons or contraband, leading to tense confrontations with frightened families.

"It was martial law," Hathaway said. "That left a nasty taste in my mouth. All we were doing was feeding a new form of hate."

Still, Hathaway followed orders and earned a number of awards for his military service, including the Good Conduct Medal, which is given to recognize "good behavior and faithful service." But after half a decade in uniform, Hathaway was given a bad conduct discharge in February 2005. He got the boot after failing a Department of Defense drug test administered shortly after a rowdy weekend in Myrtle Beach, South Carolina. Among other things, this denied him access to mental health care through the Department of Veterans Affairs.

For years, veterans advocates and policymakers have worked to open the VA to the half-million so-called bad paper veterans like Hathaway. Last year, Congress directed the VA to offer more mental health care benefits to this neglected population. For Hathaway, however, it was too little and too late.

"The military threw me to the wolves," Hathaway told The Intercept. "I couldn't get counseling. I was abandoned by them." Desperate for help, Hathaway visited his local VA hospital in Phoenix and would occasionally receive care on humanitarian grounds.

The Veterans Affairs Medical Center in Phoenix on June 18, 2019.

Photo: Caitlin O'Hara for The Intercept

It was September 9, 2015, at around 10:30 a.m. when Hathaway, then 34, entered the hospital looking somewhat disheveled. The temperature outside had already hit 93 degrees Fahrenheit and would continue to climb. He was wearing a whimsical green T-shirt emblazoned with the Tootsie Pop slogan, “How many licks does it take?”

A hospital staffer quickly recognized Hathaway from a previous visit, deemed him a trespasser, and alerted the Veterans Affairs Police of his presence. According to a police report, three officers quickly showed up and tried to arrest Hathaway, who resisted. In the scuffle, Hathaway allegedly kicked officers and bit one’s right thumb.

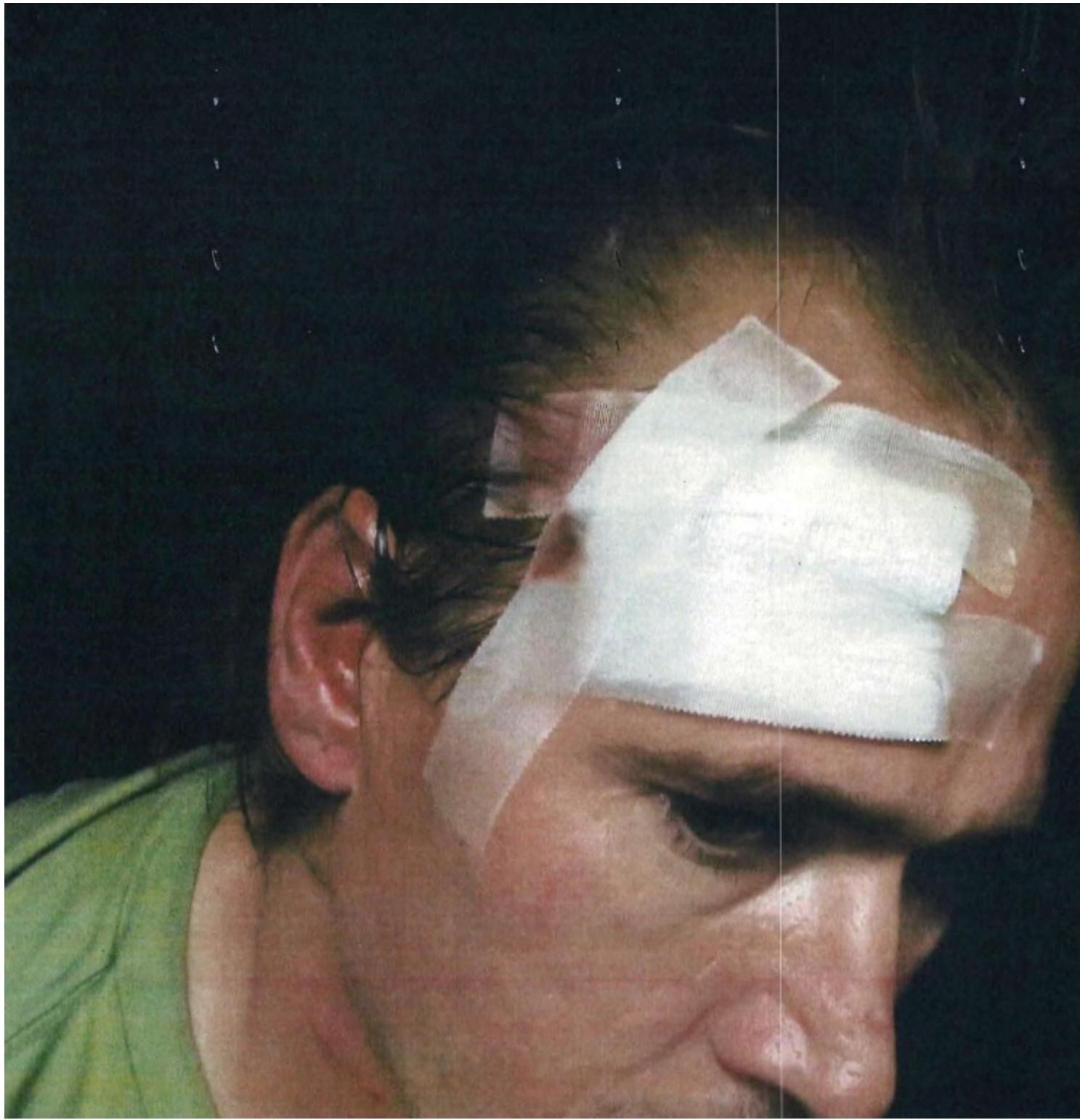
Once handcuffed, Hathaway was forced into a wheelchair and hauled to a cramped holding cell in the hospital. First, two officers grabbed him by the shirt, rammed his face and body into the back wall of the cell, then threw him to the ground, according to a lawsuit Hathaway filed later. Grainy video surveillance appears to corroborate this account, and it shows that three officers proceeded to pile on top of him. Hathaway alleged that in this pile-on, Sgt. Joshua Fister strangled him. (Though the video footage itself appears inconclusive on this point, police photos taken after the incident show red marks around Hathaway’s neck). Hathaway was ultimately left sprawled out on the floor, bruised and bleeding from a 2-inch gash on his head. At some point during the melee, one of the officers stepped in a puddle of Hathaway’s blood, which he tracked into an exterior hallway.

The hospital visit resulted in five criminal charges against Hathaway, including felony aggravated assault of a police officer. The assault charge stuck, and he served 16 months in prison, which upended his life and recovery.

After he got out of prison, the husky former Marine filed his suit against the VA, alleging that its officers used excessive force. Late last year, the VA settled with Hathaway for \$25,000, according to his lawyer, Charles Piccuta. (A spokesperson for the Phoenix VA noted that the settlement “included no admission of liability or fault on the VA’s part.”)

Fister, the cop who allegedly choked Hathaway, has also faced a previous allegation of excessive force: A former VA police officer in Phoenix said that two months before Hathaway’s arrest he witnessed Fister choke a different veteran patient who, just prior to the incident, was expressing suicidal intent but “wasn’t being disruptive” or violent in any way.

“His eyeballs were popping out of his head; he was turning another color,” said the officer, an Army veteran who remains in law enforcement and requested anonymity to avoid adverse professional consequences.



These images of Derrick Hathaway were included in a police report produced after his arrest in September 2015. Photos: Phoenix Veterans Affairs Police Department

The officer said he reported the incident to his deputy chief and the hospital director. Correspondence reviewed by The Intercept shows that he also informed the FBI. While the VA Office of Inspector General launched an inquiry, the whistleblowing officer said he was never interviewed. (When asked

for comment, the VA OIG provided a statement saying that it does not comment on “investigations it may or may not have completed involving an individual.”) After news of the officer’s complaints leaked into the lower ranks of the department, other cops harassed the whistleblower, threatened him, and keyed his car.

“It comes down to the thin blue line: Officers don’t want to tell on other officers,” said the whistleblower, who left the department in December 2016.

Piccuta told The Intercept that all five officers accused of causing Hathaway’s injuries, including Fister, remain on the VA police force. In response to a detailed list of questions, a spokesperson at the Phoenix VA provided a statement emphasizing Hathaway’s behavior and subsequent assault conviction. The spokesperson did not make Fister available for comment, and messages left at voice mailboxes and email addresses associated with his name were not returned.

Shocking reports of police violence against elderly patients at VA facilities have emerged in recent years.

The allegations against Fister do not appear to be exceptional. Shocking reports of excessive violence against veteran patients, many of them elderly, have emerged in recent years. They include then-71-year-old Vietnam veteran Jose Olivia, who in 2016 [was tackled to the ground and arrested by VA police](#) in El Paso after setting off a metal detector. The attack, captured on a surveillance camera, resulted in shoulder and throat injuries that required surgery. The same year, Marine veteran Danny Ralph and his service [dog were both slammed to the ground by VA police](#) in Spokane, Washington. Police charged Ralph, then 60, with disorderly conduct, contending that he refused to keep his dog outside the facility despite repeated requests.

Violent incidents like these can have fatal consequences. In 2014, the [VA paid out a \\$500,000](#) settlement to the family of Jonathan Montano, a veteran who died following a physical altercation with police at the VA hospital in Loma Linda, California. Police ruptured Montano’s carotid artery, which resulted in blood clotting and a stroke. Last May, a 66-year-old veteran named Dale Farhner died following a physical struggle with VA police in Kansas City, Missouri. Police detained Farhner because he was apparently driving the wrong way down one of the hospital’s driveways, according to [the Kansas City Star](#). One year later, the VA still has not released any information on Farhner’s death despite requests from the Star, Missouri’s U.S. Senate delegation, and Farhner’s family.

The Veterans Affairs Medical Center in Portland, Ore., on March 31, 2015. According to internal reports, two veteran patients suffered injuries at the hands of multiple officers at the facility in 2017. Officials determined that the officers acted appropriately.

Photo: Don Ryan/AP

## Protecting Those Who Served

Today, nearly 4,200 Veterans Affairs police officers are stationed at 139 VA medical centers across the country. These cops are tasked with keeping order on VA grounds and overseeing a patient population

that includes many highly trained ex-military members with psychological trauma. The force's motto is "Protecting Those Who Served." Yet for Hathaway and scores of other veterans, that maxim hasn't matched the reality on the ground.

After reviewing internal police reports, legal documents, and local news reports spanning the past 10 years, The Intercept has identified dozens of credible allegations that VA cops in every corner of the United States have neglected standard police procedures, violated patients' constitutional rights, or broken the law. In the course of their duties, they have beaten veterans, bungled sensitive investigations, [falsified arrest reports](#), conducted improper searches, and ignored basic procedures, like reading citizens their Miranda rights.

It's impossible at present to determine the prevalence of misconduct among VA police and how that might compare to other law enforcement agencies — largely because of the department's own failures. According to a sweeping [December report](#) from the VA's Office of Inspector General, the VA "did not have adequate and coordinated governance over its police program to ensure effective management and oversight for its approximately 4,000-strong police officer workforce." The OIG found that forces at roughly three out of every four facilities were not receiving timely inspections. Further, the sparse data collected on police activities was not tracked or assessed in any systematic or rigorous way.

In other words, even if it's unclear how prevalent misconduct is among VA police, it does seem apparent that the department's lack of oversight structures stacks the deck against accountability and in favor of impunity.

While the VA police force was formally classified as a federal law enforcement body in 1991, its officers were not issued firearms for nearly a decade. But the VA soon provided its cops with the tools of modern American policing, partnering with the Pentagon as part of its highly controversial 1033 program, which provides military-grade equipment to police departments across the country. Between 2005 and 2014, VA police departments acquired millions of dollars' worth of body armor, chemical agents, night vision equipment, and other weapons and tactical gear.

VA police in every corner of the U.S. have neglected standard procedures, violated patients' constitutional rights, or broken the law.

Despite this windfall, VA police face critical staffing shortages and are often unable to uphold their basic mission of ensuring security on hospital grounds. (As of late last year, 40 percent of all VA police departments had an officer vacancy rate above 20 percent.) In the past year, the OIG has identified a half-dozen facilities where police failure to carry out required safety procedures "resulted in a lack of assurance of a safe environment for patients and staff." In one typical example from an inspection of a VA hospital in Marion, Illinois, investigators found that police weren't remedying problems with the hospital's panic alarm system. They also had not addressed longstanding security deficiencies at the hospital's pharmacy, which put it "at risk for potential loss or theft of medications."

The officers themselves appear to receive as little scrutiny as the security issues they're supposed to monitor: Oversight of the cops is sparse, decentralized, and split between local hospital leaders and a dysfunctional, Washington-based body called the Office of Security and Law Enforcement. The December OIG report identified significant internal confusion regarding OS&LE, with VA officials

believing it to be the agency's police watchdog despite the fact that the office lacks authority to hold departments "accountable for adhering to police program policies."

One of the office's main responsibilities is inspecting departments. Yet the OIG found that beginning in 2014, OS&LE had just six full-time staffers tasked with inspections and oversight of VA police. By 2017, three of these employees had been diverted to other roles. (Since the OIG released its report, the department has provided OS&LE with 10 additional staffers.) Because of staffing constraints, OS&LE did not provide timely inspections for 74 percent of VA medical facilities.

In response to The Intercept's inquiries, a department spokesperson said that the VA police force is currently undergoing reforms based on the OIG's findings. Specifically, the department has hired a senior security officer and 18 regional security managers to identify challenges, review inspection reports, and promote hiring and retention. The department will also soon pilot new software designed to continuously assess the state of physical security at department hospitals and recommend improvements. The spokesperson added that inspection times have improved, in large part because OS&LE has hired additional staffers.

The OIG's 2018 report was the latest in a string of embarrassing inquiries dating back to the late 1980s. Some of the most shocking findings came in a 2011 Government Accountability Office [report](#) that found that many of the nearly 300 sexual assault allegations reported to the VA police since January 2007 were not passed on to the OIG — in violation of departmental regulations — or to VA leadership.

Last winter's report was spurred, in part, by a wave of police complaints pouring into congressional offices. Earlier this year, Congress directed the Government Accountability Office to further investigate the VA police, and two weeks ago, lawmakers on the House Committee on Veterans' Affairs [grilled](#) VA officials on police misconduct in their districts.

"It's hard for me to sit here and answer questions after hearing the stories that you're talking about," Renee Oshinski, an acting deputy under secretary at the VA, told lawmakers. "We have to go back and question whether or not the things that we are doing are being effective."

The Department of Veterans Affairs headquarters in Washington, D.C., on June 16, 2019. Only a few miles away, staff at the local VA Medical Center allege that pervasive police misconduct festered unaddressed.

Photo: Michael A. McCoy for The Intercept

## Corruption in the Capital

In April 2017, shortly after Tony Hebert became the Washington D.C. VA's new acting police chief, he held a meeting with his officers in a conference room near the hospital's dental clinic. Many hoped that he would conduct a much-needed cleaning of their dirty department: Two years earlier, two dozen current and former cops had taken the extraordinary step of suing their then-chief Jerry Brown on the grounds that he had secretly installed surveillance equipment, including in changing rooms used by men and women, and snooped on staffers. According to the complaint, Brown "conspired" to spy on staff with the VA Medical Center's then-director, Brian Hawkins, whose tenure at the hospital was

scarred by a damning OIG [report](#) that found hospital leaders were upholding a “culture of complacency” that led to serious lapses in the quality of care. (An attorney representing Brown and Hawkins did not respond to requests for comment.)

The reform-minded officers’ optimism was short-lived. In his introductory remarks, Hebert made clear that if anyone on the force interfered with his leadership, he would “roll the fuck over us,” according to a complaint later submitted by Officer Jeremy Balzan to the Department of Justice. According to an administrative complaint submitted by Capt. Luis Rodriguez, during multiple meetings, Hebert slammed his badge on a table and yelled, “I am the fucking chief of police! I have a gold badge; you have silver badges. You will do what I say, or I will fucking fire your asses!”

One of Hebert’s first acts as police chief was hiring a man he later described as his “best friend,” according to Rodriguez’s complaint. Alfred Coburn was hired as one of three new captains at the time, but job postings appear to indicate that only two of those positions were publicly listed. If Hebert hired Coburn for an unlisted position, as Balzan suggested in a formal grievance, it could mean that he violated federal hiring rules. (In an interview with The Intercept, Hebert categorically denied this and all other allegations against him.)

VA police in Washington, D.C., allege that they were repeatedly ordered to falsify training records, dispatch journals, and police reports.

But crony hiring is just one of the many allegations of misconduct that have since dogged Hebert. Balzan, Rodriguez, and two other VA cops who requested anonymity for fear of adverse professional consequences told The Intercept that Hebert repeatedly ordered officers to falsify training records, dispatch journals, and police reports, often in order to make charges less severe and to suggest that criminal activity had been curtailed on his watch. Specific incidents are documented in Balzan’s complaint, which alleges that Coburn also ordered changes to a police report in one instance and falsified reports himself in others.

The OS&LE later documented a plethora of bookkeeping irregularities in the D.C. department, from late and illegible firearms and ammunition records to training sheets that were filled out before said training had occurred. It also found that the department’s investigative reports frequently left out key details and suggested the police work was often not thorough enough to “determine whether a crime has been committed.” At least one report cited a witness statement that was never produced. Two reports of sexual assault made against D.C. staffers were not appropriately investigated by VA police. In one of those instances, the survivor was never even interviewed.

Balzan claims that one day while he was monitoring closed-circuit surveillance footage in October 2017, he witnessed Coburn visiting the department on his day off with a woman the DOJ complaint identified as his girlfriend. After parking illegally on the emergency room ramp, he entered the hospital, had an employee print an incident report from weeks prior, and filed a revised report. In addition to restructuring narrative details, Coburn also added felony charges against the subject of the report, who had stated his desire to file a complaint against Coburn, according to the statement Balzan submitted to the DOJ.

Ironically enough, Balzan and another VA police officer said they witnessed closed-circuit footage of Coburn using excessive force on a government employee over a parking violation just one month after his own unorthodox parking job. The individual allegedly parked at the VA while going to pick up his mother at a nearby clinic. After Coburn and another officer approached the individual, he fled and was eventually taken down by the officers. The department's subsequent use of force review faulted Coburn's actions as "in violation of the subject's Fourth Amendment rights." (In the review, Coburn claimed that the subject tripped.)

Finding little recourse to address misconduct internally, Balzan organized nine cops and administrative staffers to sign onto his DOJ complaint. His efforts came on the heels of an August 2017 OS&LE inspection that found the D.C. department was "not operating in a satisfactory manner."

Under fire and with the specter of accountability on the horizon, Hebert made good on his inaugural promise to punish the police who had gone against him, according to the four officers who spoke to The Intercept. Balzan said he filed his first grievance after Hebert removed him from his detective position and put him on dispatch duty on the grounds that he had failed a firearms test — despite the fact that other cops who performed at a similar level were given additional training and testing and allowed to stay in their positions. Balzan said his pay was reduced by at least \$5,000 as a result of the reassignment. He continued to file complaints and said he received threats from Hebert, as well as an anonymous email that stated, "Resign while you can before you get fired."

Capt. Luis Rodriguez of the Veterans Affairs police department sits outside of the VA facility in Washington, D.C., on June 16, 2019.

Photo: Michael A. McCoy for The Intercept

Rodriguez, meanwhile, shared concerns with a union official that Hebert was targeting whistleblowing cops in order to remove or demote them, and he wrote a statement for the Equal Employment Opportunity Commission in support of Balzan. In December 2017, Rodriguez received a letter from the hospital director proposing his termination on the vague grounds of "failure to meet conditions of employment."

"There's no way we can do our jobs when they keep us underneath their thumbs," Rodriguez said. "It feels like VA leaders are untouchable."

Coburn and Hebert, meanwhile, remained essentially unscathed. Last summer, they moved to new positions at a VA police department in Poplar Bluff, Missouri. While Coburn is still on the force, Hebert recently left the VA. According to LinkedIn, Hebert had a short stint at a private security company that does business with the VA and is now the Virginia director of security solutions for another private firm, Bri-Bet Group, according to its website.

A spokesperson for the D.C. VA said that a new permanent police chief and hospital director are putting the facility “on a new path” and remediating the problems identified by the OS&LE. The spokesperson declined to address specific allegations against Hebert and Coburn without their consent. In a brief phone call, Coburn declined to speak about his VA work. “You can print whatever the hell you want,” he told The Intercept. “I don’t really care what happens.”

In an interview, Hebert said he was a “very successful chief” who earned outstanding performance evaluations, though he declined to provide them to The Intercept. He said he was targeted for being a white chief in a mostly black department.

## **Death by a Thousand Cuts**

The retaliation alleged in D.C. is not uncommon. Last summer, the [GAO](#) found that VA whistleblowers are 10 times more likely to be disciplined than their peers. Two months before the report, the Daily Caller published a story highlighting the plight of four VA police whistleblowers. These cops and others who spoke with The Intercept say their actions spurred specious counterinvestigations, relegation to desk duty, unfair annual evaluations, and other retaliatory actions that jeopardized their jobs or made promotions impossible. Three cops from different departments told The Intercept that administrators illegally accessed their medical files in attempts to uncover dirt and write blackmail.

At the VA hospital in Saginaw, Michigan, Air Force veteran and VA Officer Mary Baker told The Intercept that she brought forth allegations that cops on the force were routinely making blatantly racist remarks and having casual conversations about rape. While her allegations were largely affirmed following an internal investigation — which found that “Police Service Leadership supported a culture of allowing inappropriate behavior (public simulated sex acts, racial slurs, etc.)” — Baker said the findings were disregarded, and the offending officers even continued to receive promotions. As one of two women on the force, Baker said her qualifications are consistently questioned, and she continues to face sexist behavior.

Air Force veteran and VA police Officer Mary Baker in May 2019.

Photo: Courtesy of Mary Baker

“It sickens me to see these people in leadership roles,” Baker told The Intercept. “Meanwhile, I feel like I’m a contestant on ‘Survivor’ or ‘Big Brother’; people are trying to get a reaction or a response out of me. They want to point the finger at me, make me look unstable, unfit, emotional. They have put so much pressure on me.”

In a statement provided to The Intercept, a VA spokesperson in Saginaw said, “The allegations were investigated, processes were followed, and appropriate action has been taken.” She confirmed that three of the five cops who Baker claimed engaged in inappropriate behavior remain VA officers.

Officer Tim Petoskey, who spoke with both the Daily Caller and The Intercept, alleged that police leaders at the Seattle VA engaged in gross mismanagement, rampant discrimination, and illegal searches of veteran patients. Petoskey’s specific allegations, which were later corroborated in a 2015 internal investigation, included instances of cops referring to black VA employees with the “N-word” or

describing them as “fucking monkeys.” Cops were found to have engaged in a litany of additional misconduct, from sloppy budgeting and unfair hiring practices to misplacing hundreds of police reports.

“It’s death by a thousand cuts,” Petoskey told The Intercept. “My pay is messed up. My work orders for equipment get lost. I’ve been passed up for promotions. More troubling, our major forms of redress ... are taking VA’s cartoonish excuses for this retaliatory behavior as valid.”

In response to The Intercept’s inquiries, a department spokesperson said the hospital “thoroughly investigated” the allegations and “fixed all of the identified issues.”

“As a result of that investigation, four officers — none of whom still work for VA — left the VA Puget Sound police before any discipline could be administered,” the spokesperson said.

Capt. Luis Rodriguez patrols the VA Medical Center by car in Washington, D.C., on June 16, 2019.

Photo: Michael A. McCoy for The Intercept

## Qualified to Serve?

The VA police force has long struggled to recruit and retain clean, qualified cops. In 1988, the VA’s inspector general found that 57 percent of department officers surveyed were unqualified, unsuited, or both, including 21 police officers who did not disclose prior criminal convictions on their applications for VA employment. In 1989, the VA created the OS&LE in part to address this shortcoming.

Today, prospective VA police are required to submit to a criminal history check, a drug test, and a medical examination. But because the department is desperate to fill its many vacancies, it seems to many on the force that some qualifications are requirements in name only. In September 2017, the department issued a policy advisory that allows police to be given interim credentials before a background investigation by the Office of Personnel Management is completed. (In response to questions about officer vacancy rates and retention, a VA spokesperson told The Intercept that the department has added a net total of 402 officers since 2014.)

At least one officer with serious professional blemishes has risen quite high in the force: the D.C. VA’s deputy chief, Roger Lindsay, who, according to court documents, was indicted by a grand jury in 2004 on charges of intimidating and threatening witnesses to extract statements for a murder investigation while working as a municipal police officer in Brazil, Indiana. (The charge was dismissed on appeal due to the statute of limitations.) Lindsay also purchased a fake MBA degree and submitted it as part of an application to be a police chief at a department in Florida. The OS&LE’s report on D.C. police noted that when Lindsay was under consideration for a job, the VA did not exhaustively examine his previous five years in law enforcement, per departmental requirements. (A spokesperson for the D.C. VA said the hospital is “conducting a top-to-bottom review of Lindsay’s hiring,” which was made under Hebert’s direction; through the spokesperson, Lindsay declined to be interviewed.)

The department’s centralized training academy in Little Rock, Arkansas, is its primary attempt to professionalize its police. Yet the standardized training for VA cops today lasts just 400 hours, which

falls significantly below training requirements for many local cops, which vary by jurisdiction. Massachusetts, for example, requires [900 hours](#) of training to become an officer. And despite the unique challenges that VA officers face in dealing with veteran patients, the curriculum focuses little on how to police in this environment.

The academy dedicates only two hours total to “veteran-centered policing,” one hour to “crisis intervention,” and one hour to “post-traumatic stress disorder.” Despite a recent [series of shocking suicides on hospital grounds](#), would-be VA cops are given just one three-hour lecture on “suicide awareness and prevention,” according to the 2019 training curriculum, which was obtained by The Intercept in a public records request.

“When I came out of the academy, I was stupider than when I went in.”

The training is held in uniformly low esteem by the officers who spoke to The Intercept. Charles Harrington, a VA police officer out of Bay Pines, Florida, said a lot of his colleagues “do not have the appropriate legal foundation” to serve, while Officer Ghassan Ghannoum of the West Los Angeles VA bluntly said, “When I came out of the academy, I was stupider than when I went in.”

In response to The Intercept’s inquiries, a spokesperson for the VA pointed to the academy’s accreditation by the Federal Law Enforcement Training Accreditation Board and claimed that it has a “reputation for excellence” among other federal law enforcement agencies that hold trainings there.

Inadequate training may account for the lackluster execution of much day-to-day police work. One troubling finding highlighted in the OIG’s winter report was that officers at the Chicago VA were not consistently advising suspects of their constitutional rights during arrest.

VA police officers across the country have been found to repeatedly issue federal charges with scant evidence for minor violations, a practice that can cause legal headaches and significant bills. The VA police force in Pittsburgh, for instance, has [charged](#) hospital employees with disorderly conduct, receiving stolen property, tampering with evidence, and invasion of privacy — charges that were later withdrawn or dismissed in Allegheny County District Court. In 2017, Tampa Bay’s NPR station WUSF [found](#) that VA police were taking veteran patients to federal court over small infractions, from parking tickets to spitting.

A VA police detective in Seattle acknowledged to OIG investigators that shoddy police work led to legitimate cases being dropped. Lawyers said that police routinely wrote poor reports that misstated statutes and didn’t properly justify probable cause for actions. One staffer inside the local U.S. Attorney’s Office simply described the Seattle department as a “hot mess.”

Navy veteran and VA nurse Juan Victoria in June 2019.

Photo: Courtesy of Juan Victoria

## The Big, Powerful Men

In October 2017, Navy veteran Juan Victoria, a nurse at the VA hospital in Fayetteville, Arkansas, was charged with disorderly conduct and resisting arrest after expressing his intention to report improper behavior by a VA police officer.

Victoria said an officer named Jeff Eye came into the hospital's triage room, told a patient that his car was parked illegally, and demanded that he move it immediately. Victoria, who was the nursing supervisor that night, told Eye that his actions had violated various laws and regulations, including the Emergency Medical Treatment and Active Labor Act, which guarantees patients uninterrupted access to emergency care.

"I was advocating for the patient and the VA," Victoria told The Intercept. "If the patient had left the triage room before being evaluated by a physician and experienced a serious medical event, we would have had no justification for why the patient was taken out of the ER. We would have been held liable."

Victoria said his words angered Eye, and a scuffle ensued. In a statement Victoria drafted and sent to VA administrators hours later, he said Eye and another VA cop "took hold of my arms and forcefully took me to the ground, hitting the left side of my forehead and my right knee while also damaging my glasses and phone. ... One of the officers put what felt like his knee on my back and neck." Victoria was arrested, placed in a holding cell, and charged. According to local union officials, his arrest was the second violent incident between VA cops and nursing staff in two months and a violation of the police's code of conduct.

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A spokesperson at the facility provided the following statement on behalf of the VA: "The incident at the center of this inquiry involved an employee who improperly intervened in a police matter and refused to comply with a police officer's instructions despite repeated warnings. The Veterans Health Care System of the Ozarks investigated this incident thoroughly and found that the officer's use of force was appropriate." Attempts to reach Eye by phone and email were unsuccessful.

Nevertheless, after Victoria's congressperson, Republican Steve Womack, intervened with an inquiry on his constituent's behalf, all of Victoria's charges were quickly dropped.

"Every time I see that cop now, he smiles at me," Victoria told The Intercept. "In his mind he thinks he's taught me a lesson — not to mess with the big, powerful men: the cops."

# **VA Is Broken: Death, Medical Mistreatment, Claims Backlogs And Neglect At Veterans Affairs Hospitals And Clinics [EXCLUSIVE]**

By Jamie Reno 11/27/13 AT 11:01 AM

11-14 minutes

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In May, 2008, 75-year-old Jim Workman, a retired Air Force colonel, entered an emergency room at a Department of Veterans Affairs (VA) hospital in Biloxi, Miss., complaining of shortness of breath, coughing and fever.

A chest X-ray was ordered, and the radiologist discovered a two-centimeter mass in Workman's lung. He didn't tell Workman directly but noted the finding, and recommended an immediate follow-up in an electronically signed note sent to Workman's primary care doctor at VA.

But that doctor never bothered to look at the note, nor the X-ray. Nearly two years later, Workman was diagnosed with lung cancer. He died in January 2011.

"This should never have happened," Workman's widow, Sheila, told International Business Times in an exclusive interview. "Jim would have lived a lot longer if it weren't for VA. They dropped the ball. I miss my husband every day."

Sheila sued VA for failing to diagnose and treat her husband's cancer and was awarded \$250,000 in March.

Frighteningly, this story is not an anomaly. It is increasingly typical of the inadequate treatment veterans receive at VA hospitals and clinics.

In 2010, Korean War veteran Gary Willingham, 80, went to the VA hospital in Dallas for what his family believed would be a short operation to remove a tumor from his neck. But the doctors accidentally clamped off his carotid artery and starved his brain of oxygen for 15 minutes. He had a massive stroke, which rendered him paralyzed and unable to eat or drink on his own. He died a year later.

Willingham's family was never informed about the ghastly mistake made by VA doctors, his daughter, Sydney Schoellman told IBTimes. "I only found out after digging deep into the file," Schoellman said. "He suffered the rest of his life because we were not told the truth. We would never have approved the subsequent surgeries. They took away my father's dignity. It was horrible."

Schoellman filed a lawsuit against VA for medical malpractice and wrongful death. "They tried to shortchange us and fought us every step of the way ... for almost a year," she said, adding that the family ultimately settled for the maximum amount, \$250,000.

But Schoellman contends that it was never solely about the money.

"I wish they would push (VA Secretary Eric) Shinseki and ask him what the heck is going on at VA," she said. "No one is ever held accountable."

One presidential administration after another has vowed to fix the embattled VA, which employs more than 300,000 men and women and is the second largest department in the federal government after the Pentagon. President Obama has even increased VA's annual budget to an all-time high of \$150 billion. But VA's health care system continues to worsen in more and more dangerous ways, severely underserving the nearly 7 million veterans who rely on the network for care annually.

In just the past year, we've learned about at least 21 preventable deaths of military veterans at VA facilities across the nation as well as the spread of infectious diseases at these hospitals and clinics. In addition, there is evidence of bonuses awarded to executives at troubled VA hospitals and a lengthy ongoing disability claims backlog. Meanwhile, frustrated lawmakers hold hearings on VA shortcomings, adopt new rules in hopes of turning the VA around, and even create [websites](#) highlighting VA's many problems -- to no avail.

"It's become apparent to me and many others that there is a culture of complacency among the agency's middle management," Rep. Jeffrey Miller (R-Fla.), chair of the House Veterans Affairs Committee (HVAC), told International Business Times. "These mid-level managers know that as federal employees there is a good chance they'll have their position longer than I will be chairman of oversight, and longer than the VA secretary will have his job. They're evidently willing to just wait out those of us who are trying to change things, and unfortunately the consequences are as serious as life and death for our veterans."

Relations between the agency and Congress have deteriorated in recent months, with many lawmakers voicing displeasure over VA's unwillingness to release reports and statistics about the agency's performance. Congress has more than 111 pending requests to VA for answers on such things as questionable spending practices, performance standards for mental health care and the breach of VA's computer network, some more than a year old, says one high-ranking Congressional staffer who asked for anonymity because he works closely with VA. But these queries have been met largely with indifference and even defiance.

## **Preventable Deaths**

Of the nearly two dozen preventable deaths at VA hospitals recently, three occurred in Memphis. One of the patients died after being given a drug despite a documented allergy to that medication. Another died from a lethal dose of a painkiller. A third died because the staff did not give the patient the proper medication.

And last week, CNN [reported](#) that at a VA medical center in Columbia, S.C., six veterans waiting months for basic gastrointestinal procedures such as a colonoscopy died because their cancers weren't caught in time. There were also five avoidable deaths in [Pittsburgh](#) and four in [Atlanta](#).

"As we dig through the medical centers, we find that a number of deaths could have easily been prevented; it's inexcusable," Miller said.

Beyond the many deadly medical errors at VA facilities, unhealthy sanitary conditions are another scourge. For example, in St. Louis, more than 1,800 patients at the VA hospital may have been exposed to HIV and hepatitis in 2010 as a result of contaminated dental equipment, according to a posting on HVAC's accountability [website](#). A separate report on the Website claims that for nearly 18 years unsanitary practices at the Dayton VA Medical Center potentially exposed hundreds of patients to hepatitis B and hepatitis C.

### **Disability Claims Debacle**

VA's disability claims backlog is perhaps even more troubling because it affects hundreds of thousands of veterans. According to VA's [Monday Morning Workload Report](#), the backlog of new and reopened disability claims stands at 711,775. Which is actually good news, because it is down from a peak of nearly 1 million this Spring.

But what has gone unnoticed is that the number of claims that are being appealed because the veteran disagrees with VA's decision or argues that the VA gave the wrong disability rating is up: According to VA, 266,179 appealed claims are pending, compared to 182,000 in 2010. President Obama and VA Secretary Eric Shinseki have promised to eliminate the disability claims gridlock by 2015.

"Veterans are waiting five years or more," for appeals claims to be heard, said Joe Moore, a partner at Bergmann & Moore, a law firm managed by former VA litigators that specializes in disability appeals. "No veteran should ever face stacks of medical bills, eviction, or other problems because VA let the veteran's disability claim appeal gather dust for five years."

### **Lack of Accountability**

Most VA observers contend that the problems in the department stem from a layer of lax middle managers who are not held responsible for outcomes in facilities or groups under their supervision. According to a Government Accountability Office report issued in July, VA routinely rewards incompetent managers with bonuses although they have allowed obviously poor conditions to fester and have shown little interest in fixing the problems veterans face.

"The performance pay policy gives VA's 152 medical centers and 21 networks discretion in setting the goals providers must achieve to receive this pay, but does not specify an overarching purpose the goals are to support," the GAO report noted. A May 2011 GAO review of one VA medical center found that it "did not conduct a formal evaluation of its performance award program, as required. A review of the same medical center about a year later found the identical problem."

A VA accountability [website](#) launched this summer by HVAC notes that in Washington, D.C., Diana Rubens, the VA executive in charge of the nearly 60 offices that process disability benefits compensation claims, collected almost \$60,000 in bonuses while presiding over a near seven-fold increase in new backlogged claims, pending more than four months.

RimaAnn Nelson, until recently the director of the St. Louis facility where HIV and hepatitis exposure is believed to have occurred, received nearly \$25,000 in bonuses since 2009.

And despite four preventable patient deaths at the Atlanta VA Medical Center, three of which VA's inspector general linked to widespread mismanagement, former director James Clark received \$65,000 in bonuses over four years.

"When I see these deaths occur at VA medical centers that were preventable and people associated with that center getting a bonus, it doesn't take a rocket scientist to figure out that lower-level employees are watching all this and feel as if they don't have to be transparent either," Miller said. "It is an embedded culture."

The VA declined to comment on any of the specific allegations of mismanagement and medical mistreatment raised in this article. However, the department provided IBTimes with this statement:

"At VA, we are privileged to serve and care for America's veterans. We have made significant progress to transform VA to better serve veterans both now and in the future, and we know that more must be done."

The statement continued, "Since 2009, we have enrolled two million more veterans for VA health care, reduced veterans' homelessness by 24 percent, and provided educational benefits to more than one million veterans, service members and family members through the post 9-11 G.I. Bill program."

### **What Can Be Done To Change VA?**

Gene Jones, a board member at Veterans for Common Sense (VCS), a nonprofit veterans advocacy organization, insists that VA's biggest problems won't be fixed until the agency is shaken up by layoffs and other punitive measures. "Why can't Shinseki fire more undersecretaries and other middle management types who are not doing their job?" Jones asked, while conceding that it is extremely difficult to demote or let go VA senior executives, many of whom have job protection under government employment rules.

"Maybe Shinseki needs more power, not less," Jones said.

Thomas Bandzul, a legislative attorney for the nonprofit Veterans and Military Families for Progress, is not sure that giving the secretary greater leeway in personnel decisions would help. He views VA as a rogue agency with few constraints and no one inside or outside of VA to compel the department to improve.

"If a law is passed that calls for changes, it has to be enforced, and there is no enforcement within the VA system," Bandzul said. "Necessary laws are either not implemented or ignored until the courts force the VA to comply with the law. But even the courts have extremely limited jurisdiction. Simply put, there's no policeman on the block to make VA behave."

However, HVAC Chair Miller is more optimistic about his committee's ability to encourage change at VA and provide benefit improvements for veterans. He points to recent legislative successes that, for example, strengthened the GI bill against scam artists, offered more funding for mental health care and increased coverage for burials. Miller adds that HVAC will continue to hold hearings that examine VA's lack of accountability, such as in giving out undeserved bonuses.

And Miller told IBTimes that he will use the committee's subpoena power if the department continues to fail to respond to requests for information.

"I'd rather not do this through the subpoena process; it puts you at odds," Miller said. "But at this point that is definitely an option. The vast majority of the 300,000 VA employees are doing a great job, but it's time we put all VA employees on notice that they are accountable. Enough is enough."

[dailymail.co.uk](http://dailymail.co.uk)

## 1 in 3 US veterans suffers depression and 25% binge-drink, survey says

Mary Kekatos  
6-8 minutes

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Depression and binge-drinking is woefully common among veterans, survey data show.

The tormenting mental health condition affects one in four unemployed veterans and one in three who do work.

The rate is strikingly high among those with a disability: nearly 70 percent of them are depressed.

What's more, 25 percent of veterans with depression say they binge-drink.

Dr Lawrence Weinstein, chief medical officer of the American Addiction Centers, which produced [the survey](#), said the figures show clear areas for policymakers, physicians and families to work on as the suicide rate among vets continues its decade-long rise.

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More than 25 percent of veterans who suffer from depression report binge drinking. Hawaii had the most amount of veteran binge-drinkers at 21.5 percent and Utah had the lowest at 9.1 percent.

The survey collected data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS).

The BRFSS collects data on US residents' risk behaviors, chronic health conditions, and use of preventive services.

Although depression can be hereditary, it can also be a result of experiencing emotional and physical trauma, as many veterans do.

While mental health issues are a concern among all service members, they are most prevalent among unemployed vets and those who are unable to work.

More than two-thirds of veterans who are unable to work due to disabilities and more than one in four who are unemployed suffer from depression.

There are more than 23 million veterans across the US, but several studies show that only half of former service members who need treatment for mental health or substance abuse issues seek care.

Dr Weinstein, a psychiatric/addiction specialist whose patients include veterans, spoke to Daily Mail Online about how depression goes undetected among former service members and why early intervention is key to recovery.

'Among the general population in the US, 60 million adult Americans have major depression, which is around seven percent of the population,' he said.

'But when you get to veterans, 37 percent of female soldiers and 27 percent of male soldiers are diagnosed with major depression. You're seeing a jump from seven percent of a population to almost 40 percent.'

Dr Weinstein says there are a couple of steps that medical professionals can take before the depression worsens.

'You need to early identify those who are at risk and engage them in treatment because the longer that one stays in treatment, the better they get,' he said.

Mental health disorders and depression are not uncommon among veterans but, if they're not enrolled in treatment, they can turn to substance such as alcohol as a coping mechanism.

Between 2013 and 2017, the survey found the number of veterans diagnosed with binge drinking episodes has increased from 14.3 percent to nearly 16 percent.

Even more saddening, more than 25 percent of veterans who suffer from depression report binge drinking.

The survey looked at the binge-drinking patterns of veterans in all 50 states and found that Hawaii had the most amount of veteran binge-drinkers at 21.5 percent.

Hawaii was closely followed by Nevada at 20.5 percent, and Wisconsin at 20.1 percent.

The biggest factor that leads to veterans with substance and alcohol abuse problems appears to be post-traumatic stress disorder (PTSD).

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Around seven percent of the US general population is depressed but, among the veteran population, this increases to nearly 28 percent

PTSD is caused by overactive fear memory and includes a broad range of psychological symptoms that can develop after someone goes through a traumatic event.

According to the US Department of Veteran Affairs, former service members who suffer from PTSD are more likely to have drinking problems.

About one in three veterans being treated for substance use disorders also has PTSD.

However, several studies have shown that consuming alcohol can worsen and exacerbate a veteran's PTSD.

Because alcohol is a depressant, it can worsen symptoms including depression, anxiety and insomnia. 'It's a vicious cycle [veterans] cannot get out of and the consequence of it is they now require help for substance use disorders on top of PTSD,' Dr Weinstein said.

The survey found that Utah was the state with the lowest occurrence of veteran binge drinking at 9.1 percent.

However, a [report](#) released earlier this month by the US Department of Housing and Urban Development found that although there are fewer homeless vets nationwide, the number in Utah has increased.

The report showed that the number of homeless veterans rose from 220 in 2017 to 239 in 2018, an increase of 8.6 percent.

Experts worry that the increase of former service members on the streets could lead to a large percentage of them developing substance use disorders.

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Nearly 70 percent of veterans who are unable to work due to disability suffer from depression while around one in three employed veterans suffer from the condition

'It will increase in states that have large homeless populations,' said Dr Weinstein.

'But it's not just the sheer number of veterans living in the state but what kind of local policies are in place to help them.'

So what can be done to get our veterans the help they need? A few things, according to Dr Weinstein.

'Mental illness is a horribly under-diagnosed and under-reported condition and it's even higher among veterans than the general population,' he said.

'So we need to identify veterans with a severe mental illness and place them in specialized treatment programs because they don't just suffer from PTSD or depression, but also COPD, hypertension and so on.'

Dr Weinstein adds that there also need to be education among a variety of people.

'We need to devote time to education: how to educate our veterans on possibility of developing PTSD when they return from service in abroad, educate commanding officers that will alert superiors to what are early signs of mental illness among soldiers.'

BBC 2015 Horizon documentary explores effects of binge-drinking

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# New Report Confirms Whistleblower Retaliation is Alive and Well at Department of Veterans Affairs

13-16 minutes

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## Abuse of Power

By [Rebecca Jones](#) | Filed under [analysis](#) |

The Government Accountability Office [released a new report](#) in July focused in part on evaluating the Department of Veterans Affairs' (VA) [centralized Office of Accountability and Whistleblower Protections](#) (OAWP). The Office is a newly created entity within the VA responsible for receiving and investigating whistleblowers' allegations of misconduct. Unfortunately, the report concluded that the VA as a whole is largely failing when it comes to preventing whistleblower retaliation and holding wrongdoers accountable, and that the new Office has achieved little to remedy that failure.

Failing to prevent and punish illegal retaliation against whistleblowers is a big deal. As our community is fond of reminding folks, whistleblowers are our first line of defense against waste, fraud, and abuse—and we mean it. But whistleblowers at the VA are particularly important: Disclosures by VA whistleblowers save patients' lives by freeing up wasted money that can go toward providing resources and care, eliminating unnecessary barriers to timely and effective medical services, and removing officials who have perpetuated a culture of abuse for decades.

In short: If we care about the wellbeing of our veterans, we must protect VA whistleblowers. According to the GAO's report, not only is that prioritization not happening under this program, whistleblowers may actually be worse off.

## A Long History of Retaliation

Whistleblowers at the VA have been fighting an [uphill battle for years](#). In 2014, POGO [worked to publicize the importance](#) of VA whistleblowers by asking for their stories. Within weeks, we received nearly 800 submissions from current and former VA employees and veterans reporting VA corruption in 35 states and the District of Columbia. The overarching theme of those submissions was a fear of speaking out publicly—a fear of reprisal for blowing the whistle.

One of these whistleblowers was a former VA nurse in Appalachia. She was forced out of her job after blowing the whistle on the persistent neglect of veterans with serious injuries in her facility. These veterans told her that they were afraid to speak up for themselves because they were afraid of losing their benefits or of suffering further neglect for doing so. Bravely, the nurse spoke for them but lost her job as a result. She explained to POGO that it was “such an upsetting thing for a nurse just to see this blatant neglect occur almost on a daily basis. It was not only overlooked but appeared to be embraced. There’s a culture of bullying employees....it’s just a culture of harassment that goes on if you report wrongdoing.”

This is just one example of many, evidencing the importance of protecting whistleblowers at the VA and the need for institutionalized safeguards against retaliatory practices when employees speak up about wrongdoing. Unfortunately, this report shows a repeated pattern at the VA of punishing whistleblowers. This is a deterrent for federal employees like the VA nurse from coming forward at all. In fact, according to this report, VA whistleblowers are “10 times more likely...to receive disciplinary action within a year of reporting misconduct [than VA employees who don’t blow the whistle.]”

In 2014, we began to see [efforts by the VA](#) and [later by Congress](#) to address [the deluge of horrific stories](#) coming out of the VA showing that patients were dying after languishing for years on never-ending wait lists. The latest iteration of these efforts is the creation of the Office of Accountability and Whistleblower Protections.

## Creation of the Office of Accountability and Whistleblower Protections

President Trump created the Office by [executive order](#) in April of 2017, and Congress codified it in the [Accountability and Whistleblower Protection Act of 2017](#) last June. [Its mission reads:](#)

The Office of Accountability and Whistleblower Protection serves to improve the performance and accountability of VA senior executives and employees through thorough, timely and unbiased investigation of all allegations and concerns. Where these actions are found factually true, the Office will provide recommended actions related to the removal, demotion or suspension based on poor performance and/or misconduct. Additionally, OAWP provides the protection of valued VA whistleblowers against retaliation for their disclosures.

Part of the impetus behind the Office’s creation was a need to shift the internal culture of punishing whistleblowers at the VA in order to hide the misdeeds of higher-ups. For years, this culture fostered corrupt and abusive behavior. But creating an internal office to combat this culture is rarely a good idea because it relies largely on the self-policing of bad actors. As POGO’s Executive Director, Danielle Brian, [noted at the time](#) of the Office’s creation: “we have grave concerns and think it’s irresponsible to

create a Central Whistleblower Office at the VA without proper independence. By housing this office within the VA, we worry it risks becoming an internal clearinghouse to help agency managers identify and retaliate against whistleblowers.”

To achieve the necessary independence, POGO stressed that the Office needed a Senate-confirmed leader as well as a clear separation from the VA General Counsel’s office to prevent conflicts of interest. Unfortunately, neither of these provisions seem to have been implemented in good faith.

The Office’s [recent annual report](#) to Congress did little to subdue our apprehensions about its ability to function as intended. Based on its own reporting, the Office largely failed to discipline higher-ups at the VA, with senior executives making up only 0.1 percent of all disciplinary actions. In the 23 cases where the Office did recommend disciplinary action against senior executives, the agency followed through with the recommended action in less than half of the cases. Instead, the VA continued to disproportionately discipline lower-level employees.

Senator Tammy Duckworth [raised concerns](#) about the Office’s track record in a letter she sent earlier this year to then-VA Secretary David Shulkin pointing out that initial data out of the Office “indicates that removal efforts are being targeted on less senior, frontline employees, rather than managers who play a critical role in establishing cultures of accountability that protect whistleblowers.”

Then-Acting VA Secretary Peter O’Rourke [claimed that this breakdown](#) is typical in federal agencies, but as members of the House Veteran Affairs Committee pointed out, high turnover among lower ranking employees is disconcerting because it sends a message to the workers’ colleagues that if they stick their necks out and blow the whistle, they will face retribution. Even more concerning, those rank-and-file VA employees still hadn’t been trained in their whistleblower rights when the Office’s report came out.

We are disheartened to see that, even a year after the creation of the Office of Accountability and Whistleblower Retaliation, little has changed.

## What the Government Accountability Office Found

The GAO’s July report confirms the whistleblower community’s biggest fears about the Office of Accountability and Whistleblower Protection: Rather than functioning as a safe house for whistleblower disclosures that keeps their source secret, the Office is instead collecting evidence of the disclosures and is exposing whistleblowers to retaliation.

While the office was created to root out misconduct involving senior officials, it is, in many instances, allowing those same officials to make decisions involving allegations of their own misconduct.

Certain revelations from the [GAO’s report](#) are particularly demonstrative of dysfunction of the Office and of the VA as a whole when it comes to protecting whistleblowers:

1. Whistleblower retaliation has persisted for many years at the VA, and the report shows that whistleblowers are historically much more likely to face reprisals than their non-whistleblower peers. While this isn’t indicative of behavior during the existence of the Office, it shows a disturbing pattern at the VA, and confirms why a robust, independent system is sorely needed:

- Whistleblowers were 10 times more likely to experience retaliation than their non-whistleblower peers at the VA between 2010 and 2014.
2. Under the Office's system of investigating allegations of misconduct, employees accused of misconduct are participating in the investigations into their own behavior because the VA does not use adequate oversight measures to make sure this doesn't happen. This obvious conflict of interest can only lead to fewer whistleblowers coming forward:
- OAWP allows "VA employees, who are the subject of the allegations brought forward by whistle-blowers [sic] to review or participate in investigations, or both, which could make the whistle-blower feel uncomfortable or intimidated." (p. 55).
  - For example, "...an OAWP representative who was also associated with the human-resource office...that oversees the whistle-blower's [sic] facility, placed the whistle-blower [sic] under oath and questioned her about issues unrelated to the referred allegations." (p. 55).
  - "VA does not have oversight measures to ensure that all referred allegations of misconduct are investigated by an entity outside the control of the facility or program office involved in the misconduct, to ensure independence. As a result, GAO found instances where managers investigated themselves for misconduct, presenting a conflict of interest." (Introductory Summary, p. 2).
  - "Our review of...[the Office's database of adverse employment actions]...identified examples where VA officials did not follow separation of duty requirements." These require that the decision on whether to take an adverse action against an employee must come from someone higher up than the person who proposed the action. However, "VA officials acted as both the proposing and deciding official in cases involving removals for employees found to have engaged in misconduct. (p. 44).
  - "Our review of 29 VA officials found that none received disciplinary action for violating separation-of-duty policy. (p. 45).
3. Senior officials who are engaging in misconduct are not being held accountable for engaging in misconduct:
- "The VA does not consistently ensure that allegations of misconduct involving senior officials were reviewed according to investigative standards and these officials were held accountable" for substantiated misconduct. (p. 31).
  - "GAO found that the disciplinary action proposed was not taken for 5 of 17 senior officials with substantiated misconduct." (Introductory Summary, p. 1).
4. The VA's own Office of General Counsel is reviewing the Office's proposed disciplinary actions against senior VA leaders, which is seemingly at odds with the law:
- According to the VA, after an investigation, "The Advisory and Analysis Division [of the Office] then prepares a draft proposed action, which is submitted for legal review to the Office of General Counsel..." (p. 94).
  - The Department of Veterans Affairs Accountability and Whistleblower Protection Act of 2017 "establishes the Office within the VA and requires that the Office be headed by the Assistant

Secretary for Accountability and Whistleblower Protection, who will not report to the Office of the General Counsel.” (p. 7).

These findings, read in the best possible light, indicate that the Office is not functioning as intended. Taken at their worst, they show that it is entirely under the thumb of wrongdoers—all on the taxpayer’s dime.

## **Looking Forward**

The VA, the President, and Congress have all implemented programs and laws to combat the VA’s culture of protecting bad actors by attempting to streamline their removal. Unfortunately, without proper independence from the agency, these programs can weaken existing civil service protections by funneling whistleblower disclosures through self-policing, internal systems like the Office of Accountability and Whistleblower Protection. As a result, the whistleblower often faces retaliation and the actual bad actor goes unpunished.

As Eric Hannel, a former Republican Congressional staff director, explained to POGO: “Just creating an office doesn’t accomplish anything, especially when many of the same processes to remove employees remain in place as do many of the same employees with the same ‘look away’ mentality.”

The GAO report makes it clear that the Office is not adequately maintaining independence from the VA—quite the contrary, bad actors are actually investigating and making decisions regarding their own illicit behavior. Without sufficient independence from the VA itself, this Office will be an abject failure if its goals are truly to protect whistleblowers while rooting out corruption. In theory, the Office should be a one-stop shop to eliminate waste, fraud, and abuse in the VA. In reality, it’s making matters worse for veterans and the whistleblowers they rely on.

The problems uncovered by GAO are indicative of a system that is failing to achieve its mission in nearly every conceivable way. POGO hopes that Veterans Affairs will take the GAO’s recommendations to heart and will redouble its efforts to protect whistleblowers.

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## **FOR YOUR PROTECTION, DO NOT USE A GOVERNMENT, CONTRACTOR OR GRANTEE PHONE, FAX, OR COMPUTER TO CONTACT POGO.**

The Project On Government Oversight has a long history of working with individuals daring to expose corruption. Many of these individuals with whom POGO has worked choose to keep their identity hidden from the public and even from POGO itself.

POGO may be able to further research your concerns, bring public attention to any wrongdoing, and alert those who can bring about change. We've been watchdogs since 1981.

Please note that while POGO reads and evaluates all tips we receive, due to the quantity of submissions we cannot respond to or investigate every tip.

## How to Contact Us Securely

### **Signal**

Signal is a free, end-to-end encrypted messaging app for your phone that allows you to communicate directly with POGO. You can send text messages, images, and videos from your phone. It also allows you to talk securely with an investigator by contacting them via the Signal app. No metadata is retained by Signal, and it can be configured to delete messages automatically at designated intervals. Signal can be downloaded from your phone's app store.

POGO's Signal phone number: 1-202-656-9263

## Encrypted Email

If you use [PGP encryption](#), below is our fingerprint and link to our public key. Our investigators also have personal PGP keys on their staff pages. If you use our public key with a mail encryption plugin, for example Mailvelope or Enigmail, the contents of your message will be encrypted, but not the subject line or the name of the sender.

Fingerprint: D62F CFFB A855 C1CC 1419 E4D1 2F61 75E6 FF54 7E05

Email: [reportcorruption@pogo.org](mailto:reportcorruption@pogo.org)

[POGO's Public Key](#)

## SecureDrop

[SecureDrop](#) is an open-source whistleblower submission system that some organizations use to securely accept documents from and communicate with anonymous sources. SecureDrop submissions are entirely encrypted and do not include any identifying metadata. SecureDrop is one of the most secure ways you can contact us, but it is more difficult to monitor and maintain regular communications with.

If timely, constant contact is needed, consider using one of the other methods on this page. If anonymity and security are of the utmost importance, consider using SecureDrop. Learn [how to use SecureDrop](#).

**Please note: Due to the ongoing coronavirus pandemic, POGO investigators have limited access to the SecureDrop system. You may experience significant delays in response time if submitting a tip using this method.**

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## Postal Mail

You can also mail letters or packages to investigators at POGO. To maintain anonymity, it is recommended that you use a mailbox rather than going into a post office. Additionally, never use work computers or other equipment to copy, print, scan, or otherwise handle information before sending it to us. Do not send us original documents when possible. Aside from potentially being lost or destroyed in transit, we do not have the resources or the capacity to return all documents sent to us.

Mail us at:

Project On Government Oversight  
1100 G St NW  
Suite 500  
Washington, DC 20005

## Maximize Your Data Security

While e-mail ([reportcorruption@pogo.org](mailto:reportcorruption@pogo.org)) and postal mail are generally the most convenient ways to contact us, the Project On Government Oversight offers several options to more securely send information and documents to our investigators. It is important to note that no system is 100% secure, but these tools attempt to create a safer environment than that provided by normal communication channels. Please review the fine print before using any of these tools so that you can choose the best option for your communication needs. In addition to using these tools, we recommend that you:

- Never use work computers or equipment: Always use a secure computer to communicate with us—one that does not maintain monitoring software or malware that might be used to record your activities;
- Use secure operating systems you control: Use an operating system that helps preserve your privacy and anonymity, such as Tails;
- Cover your tracks: Delete communication histories stored on your computer, such as copies of messages or your codename assigned when using SecureDrop;
- Strip metadata: Run any files you send to us through a metadata removal tool to minimize the risk of unintentionally sending us information embedded in the documents, such as an author's name.

## Legal and Advocacy Resources

**POGO does not provide legal representation.** We do, however, maintain a [list of legal and advocacy resources](#), including law firms and other organizations with experience in these matters that may be able to help you.

## Resources for Federal Employees

Deciding to blow the whistle on wrongdoing can be the single most important and difficult professional decision you ever have to make. Make sure you're making the most informed decision on how to protect yourself and your career when blowing the whistle on wrongdoing.

[Learn more](#)

## How POGO Chooses Its Investigations

POGO evaluates every lead we receive. However, because we are a small organization, we can only pursue the few tips that meet our internal guidelines and allow us to maximize our impact by performing the greatest public service. Thank you for understanding our intentions and limitations.

- Opening for positive systemic change in the federal government
- Capacity to make a unique contribution
- Ability to broaden public awareness

- Urgency for action
- Availability of inside sources and/or documents

## What POGO Does Not Do

- We do not look at individual cases of fraud or waste unless they are directly representative of systemic or widespread problems in the federal government and/or its contractors. If your information does not involve the federal government then we cannot look into your allegations.
- We do not deal with local and state issues unless federal money is involved.
- We do not provide legal advice or representation. Moreover, we will not recommend a specific legal counsel.
- We do not expose cases that cannot be verified or independently corroborated by government records or other sources.

## The Downside of "Whistleblowing" or Exposing Corruption

**Whistleblowing is risky and not often easy.** Exposed whistleblowers are almost always reprimanded, fired, and/or harassed, even if they have not "gone public" and even if their allegations are proven to be true. It takes a lot of courage and forethought to take on a powerful government agency or a private contractor or grantee. The mental, emotional, and financial hardships that a whistleblower may encounter should be fully understood before any steps are taken to disseminate information—publicly or not.

Governments and other large organizations have the power to figure out who you are and retaliate against you. There is never a guarantee you won't get caught. POGO will work to protect your identity while trying to expose and remedy the problems you have identified. This allows the whistleblower to expose wrongdoing while lowering the risk of jeopardizing their career. Unless you have already been publicly labeled as a whistleblower, we usually do not recommend making your identity public and exposing yourself to the many risks associated with doing so.

[newsweek.com](http://newsweek.com)

## VA settles case of vet drugged to death with \$2.3 million payout, but denies negligence

By Art Levine On 11/9/17 at 9:56 AM EST

6-8 minutes

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In a federal courtroom in Madison, Wisconsin, last week, a judge accepted one of the largest Department of Veterans Affairs' malpractice and wrongful [death lawsuit settlements](#)—totaling \$2.3 million—with the family of Jason Simcakoski, the Marine Corps veteran who died from a barrage of 16 different opiates and other risky sedating drugs in August 2014 prescribed for him at the Tomah, Wisconsin, VA hospital. *Newsweek* recounted the tragedy in its recent cover story on how the VA fueled the nation's opioid epidemic [and killed thousands of veterans](#). Yet despite officials at various times [admitting to the many failures at Tomah](#), the VA denies that its deadly overdrugging of Simcakoski and the staff delays in trying to resuscitate him—it took them 10 minutes to start CPR and nearly a half-hour to find a defibrillator in the hospital, according to a [VA investigation](#)—were in any way negligent. And though Simcakoski's death was perhaps the best-known fatality linked to the VA's recent [wait-time](#) and [overmedication](#) scandals, the VA delayed for nearly a year offering any meaningful response to the family's complaint filed with the department, an administrative response that meant they had to go outside the VA [to the federal courts](#) last year to win a settlement.

Critics of the VA say all this fits a broader pattern of it using every legal weapon at its command to protect an institutional culture of delay, cover-ups and obfuscation, all worsened by a common practice of shielding dangerous clinicians (as [exposed](#) by *USA Today* in mid-October, which prompted the VA to [promise reforms](#)).

"Honestly, this wasn't about the money," says Simcakoski's widow Heather, who now has to raise her 15-year-old daughter by herself. "We don't need it. What happened was wrong and it's about holding the VA accountable."

David Shulkin, the U.S. Secretary of Veterans Affairs, speaks at a New Jersey press briefing on August 16. REUTERS/Kevin Lamarque

VA Secretary Dr. David Shulkin and his press team declined to answer *Newsweek*'s questions about the settlement, but a spokesperson did provide a brief statement: "Resolution of this case will hopefully provide some closure and security for Mr. Simcakoski's widow, minor child, and parents, but VA also recognizes that there is nothing that can replace this family's loss of a father, husband, and son."

The VA and its doctors face little in the way of strong deterrents or stiff penalties for malpractice: Its clinicians aren't personally liable for medical errors, and the federal government doesn't pay punitive damages on claims against it. But it does pay out a lot for the VA's mistakes—\$200 million in wrongful death cases for less than 1,000 cases from 2002 to 2012, the Center for Investigative Reporting found in 2014. Payments—and actionable deadly mistakes—have increased since then. The VA's legal settlements more than tripled between 2011 and 2015 to \$338 million, mostly for malpractice lawsuits, the New York *Daily News* [reported](#) last year. The VA spent \$848 million in payouts, largely for medical mistakes, through that same five-year period. That included a settlement for the family of a depressed Gulf War veteran, Brian Campeau, who suffocated to death after an electroshock therapy; he then struggled to breathe for 16 hours while clinicians struggled to figure out how to insert a breathing tube.

At least Campeau's family got paid for their tragic loss, even if the VA didn't acknowledge wrongdoing and the staffers who failed him were never disciplined. [Tracy Eiswert](#) doesn't even have that satisfaction as she's fought to have her malpractice lawsuit heard since her husband, Scott, [shot himself to death in 2008](#) after being denied benefits, a PTSD diagnosis and competent care by the VA. His benefits, now worth \$1,500 a month—and a belated diagnosis of PTSD—were eventually awarded to his family, along with an apology from VA officials, while she still hasn't gotten any settlement.

After the first claim Eiswert filed in 2010 was denied by the VA, she turned to federal court in 2011 with a [new federal lawsuit](#), but the impoverished widow has endured years of legal objections based on arcane Tennessee statutes designed to limit malpractice lawsuits—all amounting to what her attorney, Cristobal Bonifaz, has described as "[unbelievable malfeasance](#)" by the VA. (She can only afford to pursue the case because he's soldiered on against the agency through a contingency arrangement with his client.) "It has been eight years of torture for Tracy and her family without the VA ever denying liability."

Sirius XM hosts a Veterans Day special, including a panel about coping with PTSD as a veteran. Photo by Larry French/Getty Images for SiriusXM

Recalling the way her husband went into a tailspin of depression as he filed appeals over and over again that didn't meet obscure VA paperwork objections, she declares, "They're doing to me the same things they did to Scott when he was alive."

At one point, she says, the VA granted her an extension to file an appeal of the VA's denial of her claim in federal court, then claimed that the same appeal should be dismissed because it violated Tennessee's statute of limitations for malpractice claims. The VA's lawyers later said the lawsuit should be dismissed because the local attorneys didn't file a one-page attachment declaring that they themselves hadn't been sued for malpractice, a requirement later struck down by a court in another case.

That has been followed by nearly five years of costly battles in state *and* federal appeal courts over a technical issue so arcane and absurd it surely must be a satiric fabrication. "All I'm asking is for a chance to argue my case on its merits, not on technicalities," Eiswert pleaded after nearly a decade of waiting for justice from the VA for her husband's suicide. That tragedy, her fragile emotional state and her economic desperation have all wreaked havoc on her entire family.

These days, she's using most of the cash from Scott's life insurance policy to help pay for expensive psychiatric hospitalizations and other unsuccessful mental health care for her youngest teenage daughter, who is suffering from PTSD, deep depression and multiple suicide attempts after her father's death. The girl has also been re-traumatized by some other family suicides, including by Tracy's half-brother. "Just two weeks ago, she tried to kill herself," she reports. "I feel like I'm all by myself trying to save my daughter's life."

All the while, she says: "The VA has really dragged this out. They keep twisting the knife."

# Veterans dying from overmedication

By Jim Axelrod

6-7 minutes

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/ CBS News

(CBS News) Veterans by the tens of thousands have come home from Iraq and Afghanistan with injuries suffered on the battlefield. Many of them seek treatment at Veterans Affairs hospitals. Now a CBS News investigation has found that some veterans are dying of accidental overdoses of narcotic painkillers at a much higher rate than the general population -- and some VA doctors are speaking out.

Five tours of duty in Iraq and Afghanistan left 35-year-old Army Spc. Scott McDonald with chronic back pain.

A coroner's report determined Iraq and Afghanistan war veteran Scott McDonald had been "overmedicated" and that he died from the combined effects of five of his medications. CBS News His wife Heather said over the course of a year, VA doctors in Columbus, Ohio prescribed him eight pain and psychiatric medications.

[VA sheds light on mental health of Navy Yard gunman Aaron Alexis](#)

[Accounting disagreement delays construction of veterans' clinics](#)

[Injured war veterans find therapy in golf](#)

"It just got out of control," said Heather. "They just started pill after pill, prescription after prescription...and he'd come home with all brand-new medications, higher milligrams."

Then a VA doctor added a ninth pill -- a narcotic called Percocet. Later that evening, Heather came home from work and found Scott disoriented on the couch.

Scott McDonald's widow, Heather, recalled her husband getting eight pain and psychiatric medications. She plans to sue the VA. CBS News

"And I asked him," Heather recalled, "'You didn't by chance by accident take too many pills, did you?' And he's like, 'No, no. I did what they told me to take, Heather.' I popped a pillow under his head and that's how I found him the next morning, exactly like that."

McDonald wasn't breathing. The coroner's report ruled his death accidental. He had been "overmedicated" and that he died from the combined effects of five of his medications.

"There's an overuse of narcotics," Dr. Phyllis Hollenbeck, a physician at the VA medical center in Jackson, Mississippi. "It's the first reflex for pain."

Hollenbeck raised her concerns with the federal government about the VA's practices about prescribing narcotics.

"The people in charge said, 'We want you to sign off on narcotic prescriptions on patients you don't see,'" she said. "I was absolutely stunned. And I knew immediately it was illegal. It works on the surface. It keeps the veterans happy. They don't complain. They're not coming in as often if they have their pain medicine. And the people in charge don't care if it's done right."

Dr. Phyllis Hollenbeck, a VA physician, expressed her concerns about the VA's practices in prescribing narcotics with the federal government. CBS News

CBS News obtained VA data through a records request which show the number of prescriptions written by VA doctors and nurse practitioners during the past 11 years. The number of patients treated by VA is up 29 percent, but narcotics prescriptions are up 259 percent.

A dozen VA physicians who've worked at 15 VA medical centers told us they've felt pressured by administrators to prescribe narcotics and that patients are not being properly monitored.

"I have seen people that have not had an exam of that body part that they're complaining of pain in for two years," said a doctor who presently treats pain patients at the VA and had asked not to be identified. "It's easier to write a prescription for narcotics, and just move along, get to the next patient."

"We're letting people come in and prescribing massive doses of narcotics and they also are on drugs for mental health problems," the doctor continued.

By giving those kinds of quantities of pills, one might assume that requires a rather close eye being kept on the patient. "You would think so. But it isn't the case," said the doctor.

We gathered data from five of the states with the most veterans. We found they are dying of accidental narcotic overdoses at a 33 percent higher rate than non-veterans.

Dr. Robert Kerns is the director of pain management for the VA nationwide. "We're faced in this country with an important health crisis that we're talking about today related to prescription drug abuse," he said. "But we have a similar crisis with chronic pain in the way that it's managed in this country."

Kerns said the VA is taking action to ensure that both patients and providers are aware of the risks and benefits of narcotics. "Providers are trained to have a thoughtful discussion with their patient to share concerns about the limited potential benefit of these medications," he said, "but also these risks that we are talking about today."

Heather McDonald said she plans to sue the VA.

"He never should have been taking those many pills," said Heather of her late husband. "But he trusted his doctors. My husband served honorably and with pride and dignity-- not to come home and die on the couch."

The VA declined to talk to CBS News about the specifics of the McDonald case and this story. But Kerns, with the VA, had a couple of points he wanted to make.

First, while narcotics -- opioids like Percocet -- are not a last resort, they're not the first-line treatment either.

Secondly, if one looks at the statistics, the number of veterans with chronic pain being treated with opioid therapy is relatively small.

<https://www.cbsnews.com/news/veterans-dying-from-overmedication/>

[bloomberg.com](#)

## Malpractice Payouts to U.S. Veterans Reach 12-Year High

Kathleen Miller

9-12 minutes

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Christopher Ellison went to a veterans medical center in Philadelphia to get eight teeth extracted in 2007. What should have been a routine dentist visit left him permanently incapacitated.

The \$17.5 million Ellison and his family received in a malpractice judgment against the Department of Veterans Affairs was the largest against the agency in a dozen years -- and one of more than [400 payments](#) the U.S. government made last year to resolve VA malpractice claims, according to agency records obtained through a Freedom of Information Act request. The total cost came to \$91.7 million, also the highest sum in at least 12 years.

The cases against the VA have included missed diagnoses, delayed treatment and procedures performed on wrong body parts. U.S. lawmakers and veterans' advocates say they reflect deep flaws in the agency's health-care system even as the department tends to more former troops, including those who fought in Iraq and Afghanistan.

"The rapid rise in malpractice judgments against VA mirrors the emerging pattern of preventable veteran deaths and other patient safety issues at VA hospitals," Representative Jeff Miller, a Florida Republican and chairman of the House veterans committee, said in an e-mailed statement. "What's missing from the equation is not money or manpower -- it's accountability."

### 'Not Warned'

Miller's committee held a [hearing](#) in Pittsburgh today to probe lapses that include a Legionnaires' disease outbreak at a VA hospital that killed at least five veterans and also led to malpractice claims. The VA's inspector general is conducting a criminal investigation into the outbreak, which involved

bacteria in the hospital system's water, Robert Petzel, the department's undersecretary for health, said during the hearing.

Family members of veterans who died after being exposed to the bacteria said the VA didn't immediately let relatives know there was a potential health problem.

"For sixteen days my father was allowed to shower and drink the water without any warning," said Robert Nicklas, whose father, William, a Navy veteran, died last year after the Pittsburgh VA outbreak. "Why were we not warned?"

## More Patients

More veterans are taking advantage of VA medical care, including those requiring more complex treatment. As many as 1.2 million additional soldiers are due to become veterans in the next four years. Some of the soldiers from the wars in Iraq and Afghanistan are suffering post-traumatic stress disorder while others are living with injuries that would have been fatal in World War II or the Vietnam War.

The age of recent veterans may be a contributing factor in the rise of claims payments, said W. Robb Graham, an attorney in Cherry Hill, New Jersey, who has represented former troops filing claims against the agency. Younger claimants tend to get larger malpractice payouts, often tied to how long victims will suffer, he said.

The median age range of veterans who served after the Sept. 11, 2001, terror attacks in New York and Washington was 25 to 34 years old, according to a 2011 Labor Department [study](#). That's compared to veterans who served during the World War II, Korean War and Vietnam eras, whose median age range was 65 and older, the study said.

## Higher Payments

"If the VA cuts off the wrong leg of a veteran who is 70 years old and his life expectancy is 75, he's entitled to five years of damages," Graham said in a phone interview. "If they cut off the wrong leg of a veteran who is 25, you're now dealing with someone who is entitled to 50 years of damages."

The department has 152 hospitals and about 19,000 doctors. Last year, the VA tended to 5.6 million veterans, a 32 percent increase from fiscal 2002, according to agency data.

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"It's the largest health-care system in the U.S., and they do an incredible amount of good work," said Jerry Manar, deputy director of national veterans service at the Kansas City, Missouri-based Veterans of

Foreign Wars. “However, there are so many more things they could do in terms of oversight that they don’t appear to be doing now. As a consequence, sometimes you wind up with poor results that were avoidable.”

The department is “deeply committed to providing the quality care and benefits our nation’s veterans have earned and deserve,” Gina Jackson, a VA spokeswoman, said in an e-mail. “If employee misconduct or failure to meet performance standards is found to have been a factor, VA will take appropriate corrective action immediately.”

## **Taxpayers’ Bill**

The 2012 malpractice payments stemmed from both court judgments and administration settlements. The payouts, made by the U.S. Treasury’s Judgment Fund, rose 28 percent last year from about \$72 million in 2011, the VA records showed. Taxpayers have spent at least \$700 million to resolve claims filed against the veterans agency since 2001, according to the data.

Many valid VA malpractice claims never get paid, said attorney Graham, who served as a judge advocate general in the Navy in the 1980s. Some are rejected because paperwork isn’t filed properly, he said.

“My strong belief is a lot of lawyers don’t know how to sue the VA,” he said.

Some law firms aren’t interested in representing people suing the federal government because of laws that limit attorney fees to 25 percent of malpractice awards, Graham said.

## **‘An Alarming Pattern’**

In a May letter, Representative Miller asked President Barack Obama to help address “an alarming pattern of serious and significant patient care issues” at VA medical facilities.

The House panel [is reviewing](#) the Legionnaires’ outbreak in Pennsylvania, and the department’s handling of two overdose deaths and two suicides at an Atlanta veterans hospital. Also under scrutiny are poor sterilization procedures and possible patient exposure to infectious diseases such as HIV at VA locations.

“We are not here as part of a witch-hunt, to make VA look bad or to score political points,” Miller said during the hearing. “We simply want to ensure that veterans across the country are receiving the care and benefits they have earned.”

The agency isn’t holding employees, especially executives, accountable for preventable deaths, Miller said. Department officials also gave bonuses to doctors even if they practiced without a license or left residents unsupervised during surgery, according to a Government Accountability Office report last month.

## **VA Bonuses**

The recipients of \$150 million in bonuses to VA health-care providers in fiscal 2011 included a radiologist unable to read a mammogram and an emergency-room doctor who refused to see patients, the report found.

Miller has said the VA employees should be punished -- not rewarded -- for their incompetence.

The number of malpractice claims filed with the VA has remained at 1,544 for the past two years, said Jackson, the agency spokeswoman. The leveling off came after a 33 percent spike in cases to 1,670 between 2010 and 2005, according to an October 2011 GAO report.

The VA's malpractice payment rates may be similar to national levels, said Anupam B. Jena, an assistant professor at Harvard Medical School and physician at Massachusetts General Hospital.

## **Ellison's Case**

Less than 25 percent of the claims filed against the veterans agency result in payment, according to the VA. About 20 percent of malpractice claims filed with the largest insurer of physicians between 1991 and 2005 resulted in a payment, according to a 2011 study published in the New England Journal of Medicine, said Jena, who worked on the report.

Last year's "noticeable increase" in medical malpractice payments was partly due to an "exceptionally large" \$17.5 million court judgment, Jackson said in an e-mail. Such payments are "highly variable from year to year," she said.

That record judgment went to Ellison, who was honorably discharged from the Marines in 2001. He was a 49-year-old electronics technician from Bridgeport, Pennsylvania, in 2007 when he visited the dentist to have eight teeth extracted because of tooth decay and gum disease.

During the procedure at a VA facility in Philadelphia, Ellison's blood pressure dropped several times to "unusually low" levels, his attorney, Shanin Specter, a partner at Kline & Specter P.C., a law firm in the city, said during a 2011 trial.

## **'Catastrophic' Stroke**

Ellison wasn't sent to the emergency room, and the dentist continued with the extractions, said Specter, son of Arlen Specter, the former senator from Pennsylvania who served as a Republican for more than 28 years and became a Democrat during his last 20 months in office. Arlen Specter died last year.

Ellison had a "catastrophic" stroke while driving his car shortly after leaving the dentist office, Specter said.

The government argued that the veteran's existing health problems caused the stroke, not the care he received at the VA. Ellison had a history of smoking, diabetes, hypertension and many other stroke risk factors, Thomas Johnson, an assistant U.S. attorney, said during the 2011 trial in U.S. District Court in Philadelphia.

After the stroke, Ellison was left with limited vocabulary, “severe and pervasive deficits in all mental abilities,” and “negative personality changes,” according to court documents.

“He wound up being totally incapacitated, requiring 24-hour-a-day care,” Specter said. “This is about as devastating an injury as a person can have, and that’s what the award reflects.”

(Updates with detail from Pittsburgh hearing starting in fifth paragraph and Specter party switch in 31st paragraph.)

[americanaddictioncenters.org](http://americanaddictioncenters.org)

## U.S. Veterans are Facing a Mental Health Crisis

Authored by James White, LT USN (SEAL) RET. PA-C, MBA-C  
53-67 minutes

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*Abandoned and broken, our veterans are facing a burgeoning health crisis.*

Veterans are in the grips of a national health crisis, caused in part by toxic stress induced brain injury. Despite billions spent by the federal government, rates of suicide, homelessness, and substance abuse either rise or stay flat in the veteran population. Here, we will briefly discuss the pathogenesis causing this, and the integrative medical therapies available to combat this epic problem.

### The Changing Landscape of Warfare

The United States is committed to a prolonged state of armed conflict, which has created a crisis for veterans. The crucial issue of mental healthcare for veterans is more important than ever before due to the considerable number of [veterans returning from combat missions who have experienced episodes of PTSD](#) and other mental health conditions.

More than 1.5 million of the 5.5 million veterans seen in VA hospitals had a mental health diagnosis in 2016.<sup>1</sup> This represents about a 31% increase since 2004.

The changing nature of warfare increases the chance for injuries that affect mental health. Veterans also face significant challenges upon returning home. These are just a couple of reasons why PTSD Diagnoses are on the rise.<sup>2</sup>

The potential negative effects of mental health issues, such as suicide, affect the more than 107,000 veterans who are homeless on any given night. Alarming numbers of veterans die by suicide each day, which makes the response to veteran mental health needs more urgent with each passing day.<sup>3</sup>

In their landmark study, Schoebaum and Kessler examined common mental health disorders among Army participants and whether the disorder developed prior to entering the Army.<sup>4</sup>

Based upon the results from the Army Study to Assess Risk and Resilience in Service members (Army STARRS), they found that the most common disorders for Army participants were ADHD and intermittent explosive disorders—both mental health predictors for suicide and accidental death. The prevalence of these disorders is higher among Army soldiers compared to civilian populations of the same age and sex.<sup>4</sup>

Below is an excerpt from the Report on Section 593 of the National Defense Authorization Act for Fiscal Year 2016:<sup>5</sup>

“Prospective members of the Armed Forces are screened at the time of accession for both currently present, and histories of, physical and mental conditions that may be disqualifying for accession. The Department of Defense (DoD), specifically the United States Military Entrance Processing Command (USMEPCOM), has processes in place to conduct these screenings and to identify individuals who do not meet the standards outlined in Department of Defense Instruction (DoDI) 6130.03 “Medical Standards for Appointment, Enlistment, or Induction in the Military Services,” dated April 28, 2010. Each of these screening steps in the Military Entrance Processing Station (MEPS) examination process is detailed in the Attachment of this report.”

“These Medical Standards require screening for learning, psychiatric, and behavioral issues inclusive with screenings for all physical systems (e.g., neck, eyes, spine) and other conditions (neurologic and sleep disorders). If, at the time of this screening, a physical or mental condition is identified that may be disqualifying, the prospective member can be referred for additional assessment by a medical specialist consultant prior to a final medical qualification decision being made by USMEPCOM. Not all applicants are referred. If the MEPS provider has enough information to make the medical qualification decision, a consult is not necessary. The consultants never make the qualification decision; they just provide medical information regarding the applicant, and the MEPS medical provider, as the DoD authority for this decision, can independently medically qualify or disqualify the applicant based on their clinical judgment.”

This passage clearly states MEPS screens military recruits for mental health disorders upon enlistment. Simply put, the overwhelming incidence of mental health injury among veterans is a direct result of their military experience.

## War & Stress by the Numbers

- The military employs over 1.3 million men and women.
- According to the Rand Corporation, there have been a total of 1.4 million combat deployment years to Iraq and Afghanistan from 2001 to 2018.<sup>6</sup> This includes individuals with multiple deployments.

- According to The United States War Dogs Association, Inc., there was 1.6 million combat deployment years to Vietnam when the Department of Defense (DoD) had 2.7 million active-duty members.<sup>7</sup>

In their book *The Three Trillion Dollar War: The True Cost of the Iraq Conflict*, economists Joseph E. Stiglitz and Linda J. Bilmes state gross estimates of treating veterans with PTSD will reach over \$950 billion, exceeding the total cost of war.<sup>8</sup>

Stiglitz, a Nobel Laureate in Economics, explains that the Veteran Administration's (VA) estimates are grossly underestimated due to both an increase in VA claims since 2005 and the inability of the VA to foresee the full spectrum of medical conditions veterans suffer as a byproduct of PTSD.<sup>8</sup>

Stiglitz further states "Historically, the cost of caring for war veterans rises for several decades and peaks 30 to 40 years or more after a conflict. This will be especially true for veterans of the current wars, who are already utilizing VA medical services and applying for disability benefits at much higher rates than in previous wars."<sup>8</sup>

## **Statistics from Watson Institute of International and Public Affairs**

Evidence from previous wars shows that the most significant long-term budgetary cost of war is providing medical care to those who have served and paying disability compensation, pensions, and other benefits to eligible veterans.<sup>9</sup>

According to the Watson Institute of International and Public Affairs:<sup>9</sup>

- PTSD sufferers are at a higher risk for heart disease, RA, bronchitis, asthma, liver, and peripheral arterial disease.
- Veterans are 200% more likely to be diagnosed with a disease within 5 years from returning from deployment.
- The cost of caring for war veterans peaks 30 to 40 years after a conflict, but there are no provisions to cover these future obligations in current wars.
- Future medical and disability costs for Iraq and Afghanistan veterans will total between \$600 billion and \$1 trillion.
- Uncompensated costs include loss of income for injured veterans and their family caregivers and diminished quality of life.

## **Statistics from the Department of Urban and Housing Development**

The Department of Urban and Housing Development (HUD) recently published numbers from the past decade that states veterans make up between 12 to 19% of the homeless population despite making up less than 7% of the overall population.<sup>10</sup>

More highlights from HUD include that 33% of total homeless are children living with their parents. Put another way, 1 in 3 adults who are homeless are veterans. Also, a majority—55%—of veterans experiencing sheltered homelessness had a disability.

## **Statistics from Veterans Affairs**

Among veterans experiencing homelessness who received healthcare services from the VA:<sup>11</sup>

- 28% received diagnoses of chronic medical conditions.
- 28% received a diagnosis of depression.
- 13% received a diagnosis of PTSD.
- 19% received a diagnosis of alcohol abuse.
- 20% received a diagnosis of drug abuse.

\* Note: There is not very good data currently available regarding the health services Veterans receive outside of the VA system.

## **General Veteran Mental Health Disorder Statistics**

Information from the VA, the U.S. Interagency Council on Homelessness, the U.S. Department of Housing and Urban Development, and the Corporation for Supportive Housing shows that:<sup>12</sup>

- Over 968,000 veterans lived in poverty in the last year.
- 20,000 veterans with government sponsored mortgages lost their homes in 2010.
- 76% of homeless veterans experience alcohol, drug, or mental health issues.
- 30.2% of veterans ages 18-24 are unemployed.
- 89% received an honorable discharge.
- 67% served 3 years or more.
- 47% are Vietnam veterans.
- 15% served before Vietnam.
- 5.5% are Iraq and Afghanistan veterans.

Veteran populations demonstrate that, in comparison to the general population, they are at an increased risk for developing both PTSD and SUDs, and that the severity of combat exposure is directly linked to risk for development and chronicity of PTSD symptoms.<sup>13</sup>

## **Veteran Suicide Rates**

- Veterans are 1.5 times more likely to commit suicide than people who have never served in the military.<sup>14</sup>
- According to the National Suicide Data Report for 2005-2016, suicide rates among veterans age 18 to 34 have been swelling steadily for more than 10 years, jumping 10% from 2015 to 2016 alone.<sup>15</sup>
- The same report also states that the rate for those young veterans increased to 45 suicide deaths per 100,000 populations in 2016, up from 40.4 in 2015, even as the overall veteran suicide rate decreased slightly.<sup>15</sup>
- Only 30% of veterans are enrolled in VA care, and there are reports that find disparities in that care given.<sup>16</sup>

Despite the VA's efforts to lower the rates of suicide, substance abuse and veteran homelessness continue to stay flat or rise. This is of significant importance to the state of California due to the size of the veteran population residing there.

This is nothing less than distressing. These numbers speak to the inadequacy in current treatment and neglect to those who have sacrificed.

## Veterans in Distress

One of the reasons there is a veteran mental health crisis is because veterans are overwhelmingly diagnosed with mood and anxiety disorders due to trauma, and doctors overlook brain damage due to toxic effects of stress over time.

Being a member of the U.S. military comes with the burden of many stressors that go unrecognized, such as extended time periods away from family, long hours on night schedules, and stressful training environments. Most U.S. military personnel will suffer some type of injury in their career, with the army citing 2,500 injuries for every 1,000 soldiers.<sup>17</sup>

U.S. military personnel are expected to maintain professional advancement, often with limited advancement opportunities, resulting in automatic discharge if they fail to advance. This is referred to as higher tenure. According to the Census Bureau, there are 23,000 active duty members living on SNAP benefits (formerly known as food stamps).<sup>18</sup>

Active-duty military members are not the only ones who are impacted by the demands of the military. According to a U.S. Census Bureau report from 2015, military supervisors have the highest divorce rates among any career.<sup>19</sup>

This is just a fraction of the stress active-duty personnel live with, not including deployments to combat zones, which are often 6 months to a year in duration. Although each of the stressors individually may not cause the toxic effects of stress, together they can create a cascading additive effect.

Important factors of diagnosis and treatment in veteran populations are the physiological and functional changes of the brain and endocrine system due to repeated and prolonged stressful environments (RPSE). The research community has recently coined the phrase 'chronic unpredictable mild stress (CUMS)' to refer to states of prolonged stress when used in animal models.

It is now being widely accepted in the field of neuroscience research that exposure to prolonged stressful environments cause structural changes to the brain and reduces vital hormones needed to regulate healthy states. RPSEs results in pathological changes in brain tissue and the endocrine system resulting in brain, endocrine, and immunological dysregulation.

Symptoms include:

- Decreased cognition.
- Depressed motor function.
- Depressive symptoms.

- Anxiety.
- Increased need to self-medicate.
- Prone to injury and sickness.
- Chronic fatigue.

The adult as well as the developing brain possess a remarkable ability to show structural and functional plasticity in response to stressful and other experiences, including neuronal replacement, dendritic remodeling, and synapse turnover.

Stress can cause an imbalance of neural circuitry sub-serving cognition, decision making, anxiety, and mood that can increase or decrease expression of those behaviors and behavioral states. This imbalance, in turn, affects systemic physiology via neuroendocrine, autonomic, immune, and metabolic mediators.

In the short term, these changes may be adaptive. But, when the threat passes and the reactive behavioral state and associated changes in neural circuitry persist, a pathological state may develop. When exposed to moderate-to-high stress, our bodies have the ability to maintain healthy states for 2 to 4 weeks.

Once the body's resources are depleted, our homeostatic process begins to pull resources from other vital systems of the body, such as the immune system. This is why we are prone to illness after stressful events. We no longer have the ability to build healthy tissue but instead begin a cycle of healthy tissue destruction known as catabolism.<sup>20</sup>

“Every stress leaves an indelible scar, and the organism pays for its survival after a stressful situation by becoming a little older.” – Hans Selye, MD, PhD

General Adaption Syndrome (GAS) was coined by a Hungarian endocrinologist Hans Seyle to describe his observations of the human body when affected by stress. In Dr. Seyle's GAS model, stressors will lead to three stages of physiological response if exposed to that stressor over a period of time, including:<sup>21</sup>

- The first stage—alarm—where the body reacts with a “fight-or-flight” response and the sympathetic nervous system is stimulated as the body's resources are mobilized to meet the threat or danger.
- The second stage—resistance—in which the body compensates as the parasympathetic system attempts to return back to a homeostatic state.
- The third stage—exhaustion—which is when the stressors go beyond the body's capacity to compensate.

There are other ways to look at stress, too.

## **Good Stress**

Good stress refers to the experience of rising to a challenge or taking a risk and feeling rewarded by an often-positive outcome. A related term is “eustress.” Good self-esteem, impulse control, and decision-making capability—all functions of a healthy architecture of the brain—are important. Even adverse

outcomes can be growth experiences for individuals with such positive, adaptive characteristics that promote resilience in the face of adversity.<sup>22</sup>

## Tolerable Stress

Tolerable stress refers to those situations where bad things happen, but the individual with healthy brain architecture is able to cope, often with the support of family, friends, and other individuals. These adverse outcomes can be growth experiences for individuals with such positive, adaptive characteristics and support systems that promote resilience. Here, distress refers to the uncomfortable feeling related to the nature of the stressor and the degree to which the individual feels a lack of ability to influence or control the stressor.<sup>23</sup>

## Toxic Stress

Toxic stress refers to the situation in which bad things happen to an individual who has limited support and who may also have brain architecture that reflects effects of adverse early life events that have impaired the development of good impulse control and judgment and adequate self-esteem. Here, the degree and/or duration of “distress” may be greater. With toxic stress, the inability to cope is likely to have adverse effects on behavior and physiology, potentially resulting in a higher degree of allostatic overload.<sup>23</sup>

### **Stress is associated with a greater risk for mental health problems, including reduced gray matter volume (GMV) and density in a number of brain regions.**

Under stress, brain regions such as the hippocampus, amygdala, and prefrontal cortex undergo structural remodeling, which alters behavioral and physiological responses. The decrease in prefrontal cortex grey matter is found to cause a decrease in cognitive and executive function.

Arnsten, Lupien, and Ansell, who are cited in an article in the *Journal of Neurochemistry*, found the mechanisms through which stress may affect GMV, including loss of neurons, decreased dendritic branching, spine density, and decreased neurogenesis.<sup>24</sup>

Research published in *JAMA Psychiatry* found similar gray matter volumes in children with conduct problems, which is often associated with childhood abuse and neglect.<sup>25</sup>

An article from a 2009 issue of *Neuroimage* detailed the study of 1,455, 22-year-old men, plus or minus 2.5 years, looking at the effects of harsh corporal punishment on prefrontal cortex development in this population. Using a t1 weighted MRI, they evaluated densities in the front and mid brain. Their results showed total grey matter volume (GMV) was reduced by 20%. Their findings also associated decreased GMV with depression, aggression, and addictive behavior.<sup>26</sup>

Gueze, Elbert, and Westenberg conducted a study in 2008 with using magnetic resonance imaging to evaluate the prefrontal cortex in Veterans with PTSD. 25 male veterans with PTSD and 25 male veterans without PTSD matched for age, year and region of deployment were recruited. All the subjects were scanned using MRI.<sup>27</sup>

Subjects' brains were aligned using cortex-based alignment in a region of interest-based approach. Individual cortical thickness maps were calculated from the MR images. Regions of interest examined included the bilateral superior frontal gyri, bilateral middle frontal gyri, bilateral inferior frontal gyri, bilateral superior temporal gyri, and bilateral middle temporal gyri.<sup>27</sup>

In a large number of patients and controls, IQ scores and memory scores were also obtained. Individual cortical thickness maps were calculated from the MR images.<sup>27</sup>

Veterans with PTSD revealed reduced cortical thickness in the bilateral superior and middle frontal gyri, the left inferior frontal gyrus, and the left superior temporal gyrus. Veterans with PTSD performed significantly worse on memory measures compared to control veterans.<sup>27</sup>

Cortical thickness correlated with memory measures in the veterans without PTSD, but not in the veterans with PTSD. Cortical thinning in these regions may thus correspond to functional abnormalities observed in patients with PTSD.<sup>27</sup>

The anterior cingulate cortex (ACC) and insula have been implicated in both autonomic responses to emotional stressor and homeostatic processes, which may contribute to cardiovascular dysfunction in combat veteran populations. Current research suggests that individuals with PTSD exhibit smaller anterior insula volume compared to those without PTSD.<sup>28</sup>

This region of the brain coordinates emotional regulation and assists in autonomic regulation, including cardiovascular response to stress. The study found that the mid-region of the brain densities did in fact correlate to poor cardiovascular health.<sup>29</sup>

#### Excessive Stress Causes Inflammatory-induced Brain Injury

Depressed patients have been found to have higher levels of pro-inflammatory cytokines, acute phase proteins, chemokines and cellular adhesion molecules. In addition, therapeutic administration of the cytokine interferon- $\alpha$  leads to depression in up to 50% of all patients it is administered to.<sup>30</sup>

Moreover, pro-inflammatory cytokines have been found to interact with many of the pathophysiological domains that characterize depression, including neurotransmitter metabolism, neuroendocrine function, synaptic plasticity and behavior. Stress, which can precipitate depression, can also promote inflammatory responses through effects on sympathetic and parasympathetic nervous system pathways.<sup>30</sup>

Excitatory amino acids, particularly glutamate, play a key role in structural as well as functional changes in the brain since glutamate is the major excitatory transmitter, while, at the same time, excess glutamate causes damage and inflammation.<sup>31</sup>

Initial studies of restraint stress which, when chronic, causes shrinkage of apical dendrites of hippocampal CA3 neurons, showed that acute restraint stress elevates extracellular glutamate levels via a process that is blocked in adrenalectomized animals, implicating the adrenal cortex.<sup>32</sup>

Corticosterone acts directly via membrane associated mineralo-corticoid receptors (MR) and glucocorticoid response (GR) to cause glutamate release.<sup>33, 34</sup>

There is a point of unregulated glutamate excitation that triggers irreversible changes resulting in amyloid beta toxicity and dementia. Amyloid beta formation is seen in people with Alzheimer's disease resulting in the symptoms of dementia.<sup>20</sup>

Abnormal immune regulation secondary to inflammatory states results mitochondrial failure. Mitochondria are the power factories of the cell creating adenosine triphosphate (ATP) needed for proper cellular function and metabolism. ATP is the cellular source of energy and without it, cells will function abnormally.<sup>35</sup>

Probably the most important role of the mitochondria organelle is to provide a supply of energy so that transcription takes place. Transcription is the process of creating the building blocks so that the cell can divide, grow, and regulate its size. In states of allostatic/toxic stress, a massive demand for energy is placed on the mitochondria.<sup>35</sup>

Cortisol acting as a stress hormone signals the mitochondria to increase in energy production on an exponential scale. In prolonged states of energy demand, the cellular matrix begins to breakdown due to oxidative stress, increasing heat production in its membranes and decreasing anabolic growth signaling. Without ample supplies of energy, cells cannot divide or repair.<sup>35</sup>

Abnormal mitochondrial function secondary to stress metabolism are linked to poor cognitive function, increased insulin production and abnormal regulation of the circadian rhythm. The mitochondria also changes shape in times of prolonged stress. In order to adapt to different metabolites, these changes are thought to account for the metabolic syndrome associated with prolong exposure to glucocorticoids or cortisol.<sup>36</sup>

This may be a factor in the decrease in frontal lobe grey matter, hippocampus, and amygdala densities.

#### Toxic Stress Results in Greater Turnover of Brain Signaling Neurotransmitters

This includes serotonin, dopamine, and norepinephrine—due to both insulin resistances caused by excessive cortisol release and reduced levels of neurotransmitters. This is due to enzymes that increase uptake and decrease efficacy.<sup>37</sup>

An article from a 2018 issue of *Frontiers in Neuroscience* states:<sup>38</sup>

The amygdala is an almond-shaped nucleus located deep and medially within the temporal lobe and is thought to play a crucial role in the regulation of emotional processes. GABAergic neurotransmission inhibits the amygdala and prevents us from generating inappropriate emotional and behavioral responses. Stress and sleep deprivation cause the reduction of the GABAergic interneuronal network and the development of neuropsychological diseases.

GABA is the principal neurotransmitter mediating neural inhibition in the brain. GABAergic neurons are present throughout all levels of the neuro-axis, represent between 20 and 40% of all neurons depending on brain region, and are known to balance and fine tune excitatory neurotransmission of various neuronal systems including the monoaminergic and cholinergic projections to the forebrain.

GABA exerts its effects by activation of two entirely different classes of receptors, the ionotropic GABAA receptors (GABAARs) and the metabotropic GABABRs. GABAARs are known as key control elements of the anxiety state based on the potent anxiolytic activity of benzodiazepines (BZs) that act as positive allosteric modulators of a major subset of GABAARs.

Accumulating evidence described below points to marked alterations in GABAAR signaling in both anxiety and mood disorders. GABABRs are members of the G-protein coupled receptor family and have recently been implicated in affective disorders based on altered anxiety- and depression-related behavioral measures in mice subject to pharmacological and genetic manipulations of these receptors. GABAB(1) and GABAB(2)R KO mice show behavior indicative of increased anxiety combined with an antidepressant phenotype.<sup>39, 40</sup>

### Chronic Toxic Stress Causes a Dysregulation of Our Hormones and Immune System

A large body of research has shown that the interaction of the hippocampus and the hypothalamic-pituitary-adrenal (HPA) axis might explain the onset of various illnesses.<sup>41</sup>

The HPA axis has traditionally been regarded as the body's stress tolerance and energy regulation system. Its hyperactivation is associated with excessive release of stress hormones (e.g. glucocorticoid, cortisol) and subsequently results in various health problems.<sup>42</sup>

Meanwhile, the hippocampus activity has been suggested to exert a tonic inhibitory influence on the activation of HPA axis and subsequently decrease glucocorticoid secretion and promote more efficient regulation of the HPA axis to ultimately promote physical health.

In a study published in NCBI looking at inflammatory markers and cortisol levels of Wildland Firefighters, they found a direct correlation between excess cortisol due to stress and the inflammatory markers interleukins and cytokines.<sup>43</sup>

First, sympathetic fibers descend from the brain into both primary (bone marrow and thymus) and secondary (spleen and lymph nodes) lymphoid tissues.<sup>44</sup> Sympathetic fibers are intended to prepare the body for fight or flight. The sympathetic fibers located in bone marrow and thymus redirect resources, specifically energy transfer. These fibers can release a wide variety of substances that influence immune responses by binding to receptors on white blood cells. Simply put, it shuts down production of the immune system to redistribute resources to produce energy to either fight or flee.

Second, the hypothalamic–pituitary–adrenal axis, the sympathetic–adrenal–medullary axis, and the hypothalamic–pituitary–ovarian axis secrete the adrenal hormones epinephrine, norepinephrine, and cortisol; the pituitary hormones prolactin and growth hormone; and the brain peptides melatonin, β-endorphin, and enkephalin. These substances bind to specific receptors on white blood cells and have diverse regulatory effects on their distribution and function.<sup>45</sup>

Third, people's efforts to manage the demands of stressful experiences sometimes lead them to engage in behaviors—such as alcohol use or changes in sleeping patterns—that could also modify immune system processes.<sup>46</sup>

The most chronic stressors were associated with the most global immunosuppression, as they were associated with reliable decreases in almost all functional immune measures examined. Increasing stressor duration, therefore, resulted in a shift from potentially adaptive changes to potentially detrimental changes, initially in cellular immunity and then in immune function more broadly.

Although the effects of chronic stressors may be due to their duration, the most chronic stressors were associated with changes in identity or social roles (e.g., acquiring the role of caregiver or refugee or losing the role of employee). These chronic stressors may also be more persistent—constantly rather than intermittently present.

#### Chronic Toxic Stress Induces Long-lasting Changes in the Part of the Brain

This can cause feelings of negative self-esteem, depression, sleep abnormalities, inappropriate behavioral response and impulse control.

In a recent study conducted in China, researchers discovered the link between hippocampus density and self-esteem.<sup>47</sup> In the presence of chronic toxic stress, the hippocampus undergoes drastic changes. The hippocampus is part of the limbic system, which includes the hypothalamus and the amygdala. It's located in the middle of the brain and is responsible for emotional regulation, memory consolidation in sleep, and behavioral inhibition.

Some researchers believe damage, or dysregulation of the hippocampus leads to substance abuse disorders seen in veteran populations. This suggests that the hippocampus is a key node in the neural circuit underlying the link between self-esteem and physical health.

In the face of stressful situations, the HPA axis, the autonomic nervous system, and the cardiovascular, metabolic, and immune systems interact with each other to achieve allostasis (adaptation) in the short term and lead to allostatic load (“the wear and tear on the body”) in the long term.<sup>47</sup>

Prolonged and/or traumatic stressors have also been shown to cause morphological changes in the hippocampus. In particular, and with significant clinical implications, human brain imaging studies have reported that PTSD patients had smaller hippocampal volume, which correlated with deficits in verbal memory.<sup>48</sup>

More recent studies have found that functional neurons are replaced with the lipid supporting structures of the brain known as myelin. These changes in the hippocampus cause feelings of negative self-esteem, depression, sleep abnormalities, inappropriate behavioral response and impulse control.

Bansar and Duman’s published evidence suggests that chronic stress has significant effects on glial cell function. Several studies have demonstrated decreases in the expression of glial fibrillary acid protein (GFAP) and in the number of GFAP-expressing glial cells in the hippocampus and PFC following exposure to chronic stress.<sup>49</sup>

Author Christopher Bergland, in an article on Psychology Today, references new research carried out at UC Berkley:<sup>50</sup>

[...] Researchers found that chronic stress made stem cells in the hippocampus mature into another type of glial cell called an oligodendrocyte, which produces the myelin that sheaths nerve cells. This

finding suggests a key role for oligodendrocytes in long-term, and perhaps permanent, changes in the brain that could set the stage for later mental problems. Chronic stress decreases the number of stem cells that mature into neurons, which might provide an explanation for how it also affects learning and memory, according to the researchers.

### Toxic Stress and Toxic Stress-Related Brain Injuries Can Cause Abnormal Circuitry Relays in the Brain

Researchers showed in animal models that combat stress induced a persistent reduction in functional connectivity between the midbrain and prefrontal cortex. Their results demonstrate that combat stress has adverse effects on the human mesofrontal circuit and suggests that these alterations are partially reversible.<sup>51</sup>

The amygdala is a section of the brain that is responsible for detecting fear and preparing for emergency events. There are two amygdalae per person normally, with one amygdala on each side of the brain. They are thought to be a part of the limbic system within the brain, which is responsible for emotions, survival instincts, and memory.<sup>52</sup>

Research published in *Biological Psychiatry* states:<sup>53</sup>

Results of our study provide clear evidence of an association between a smaller amygdala volume and PTSD. The lack of correlation between trauma load or illness chronicity and amygdala volume suggests that a smaller amygdala represents a vulnerability to developing PTSD or the lack of a dose-response relationship with amygdala volume.

Not only does stress cause a decrease in amygdala size but creates abnormal circuit connection between it and the frontal cortex.

Researchers published in *Social Cognitive and Affective Neuroscience* discovered an association with disrupted functional connectivity between the amygdala and medial prefrontal cortex (mPFC), which results in higher levels of aggressive behavior and attention problems.<sup>54</sup>

Recall that in their landmark study, Schoenbaum and Kessler found the most common disorders for Army participants was ADHD and intermittent explosive disorders.<sup>4</sup>

### Effects of Chronic Toxic Stress Alter the Circadian Rhythm, Preventing Restorative Sleep Patterns Long-term

Humans possess a molecular circadian clock present in most cells of the body. Because of its waking properties, the hypothalamic-pituitary-adrenal (HPA axis) endocrine access axis assists in this process by releasing cortisol in early morning bursts in response to light. The HPA axis also regulates the body's response to acute and chronic stress and plays a major role in regulation of our immune system.

Our circadian rhythms are synchronized to environmental cues, which are controlled in a region of the brain known as hypothalamic suprachiasmatic nuclei (SCN). When visible light hits our retinas in the morning, it causes a neuro-endocrine response that results in the release of cortisol from the adrenal glands.

As the day progresses to evening, certain transcription proteins build, which then inhibits the wake response. Once the body registers low light and the subthreshold of cortisone, it triggers chemicals such as melatonin to produce states of sleep induction. This is all dependent on a very fine balance of the release of both glucocorticoids and adrenal hormones referred to as catecholamines.

During prolonged periods of chronic stress, our neuro-endocrine system causes shifts in both tissue and chemicals which inhibit restorative sleep long-term. Secondly the disorders PTSD and Depression cause fragment sleep reducing time needed in each stage of sleep.

There is evidence that the absence of sleep increases brain oxidative stress.<sup>34</sup> Oxidative stress in the brain has shown to destroy lipid membranes of nerve tissue, produce toxic protein metabolites found in the CSF, and also cause degenerative inflammatory response in the brain.

Now, take into account sleep disturbances from conditions such as PTSD and TBI and you have the makings of a population suffering from chronic sleep deprivation.

According to John Hopkins Medicine, risks of sleep deprivation include:<sup>55</sup>

- Weight gain and metabolic syndrome due to increase of ghrelin.
- 65% increased risk of developing diabetes.
- Increased blood pressure.
- Weakened immune system.
- 48% more likely to develop heart disease.
- 33% increased risk of dementia.
- 36% increase risk of colorectal cancer.

Recent meta-analysis found that among the highly variable alterations of sleep in PTSD compared to control groups, increased stage 1 NREM sleep, decreased slow wave sleep (SWS), and increased average number of rapid eye movements per minute in REM sleep (REM sleep density) were the most consistent abnormalities across studies.<sup>56</sup>

Additional abnormalities expressed by subgroups of PTSD patients included shorter total sleep time (TST), increased sleep onset latency, reduced stage 2 NREM sleep, and increased REM sleep as percent of TST.

Polysomnographic studies have also shown that EEG spectral power at delta frequencies is significantly decreased in PTSD patients. These abnormalities are consistent with an underlying hyperarousal in PTSD that lightens sleep, prevents deeper, more restorative sleep stages, and alters the distinct physiology of REM sleep. Evidence that PTSD may influence the quality versus absolute quantity of REM includes not only greater REM density but the fact that some studies have shown greater percent REM in PTSD.

A new study of young U.S. veterans shows that the probability of having a high risk of obstructive sleep apnea (OSA) increased with increasing severity of post-traumatic stress disorder (PTSD) symptoms.<sup>57</sup>

The study involved 195 Iraq and Afghanistan veterans who visited a VA outpatient PTSD clinic for evaluation. Results show that 69.2% of participants had a high risk for sleep apnea, which increased with PTSD symptom severity. Every clinically significant increase in PTSD symptom severity was associated with a 40% increase in the probability of screening as a high risk for sleep apnea. Sleep apnea is known to be a long-term risk for dementia, hypertension, and cardiovascular events.<sup>57</sup>

Sleep disruption may lead to fatigue, executive deficits, mood dysregulation, and psychosocial impairments, all of which may degrade psychological resilience and exacerbate symptoms.<sup>58</sup>

### Chronic Toxic Stress Induces Epigenetic Changes of the Brain, Altering the Brain Architect

Epigenetics is a process of DNA modifications that does not change the DNA sequence but can affect gene activity. Epigenetic changes can help determine whether genes are turned on or off and can influence the production of proteins in certain cells, ensuring that only necessary proteins are produced.<sup>59</sup>

A common type of epigenetic modification is called methylation. Methylation involves attaching small molecules called methyl groups, each consisting of one carbon atom and three hydrogen atoms, to segments of DNA. When methyl groups are added to a particular gene, that gene is turned off or silenced, and no protein is produced from that gene.<sup>59</sup>

A group at the Johns Hopkins University School of Medicine set out to investigate how glucocorticoids affect genes central to the HPA axis. They hypothesized that the hormones may affect the HPA axis through epigenetic modifications—changes to DNA that don't alter sequences but influence gene expression.<sup>60</sup>

The researchers added corticosterone—the major hormone that mice produce in stressful situations—to their drinking water for 4 weeks. After exposure, and again after a 4-week recovery period without corticosterone, the scientists tested the mice for behavioral and physiological changes.<sup>60</sup>

They examined the expression levels of 5 HPA axis genes in the hippocampus, hypothalamus, and blood. They also tested the genes' methylation levels—a common epigenetic modification that affects gene expression.<sup>60</sup>

Genome-wide methylation studies support the existence of epigenetic differences between trauma-exposed individuals with PTSD compared to psychiatrically healthy controls, with cross-sectional differences in DNA methylation observed in cohorts from Atlanta.<sup>61</sup>

These studies have shown that epigenetic differences were able to differentiate those who have developed PTSD compared to those who did not. Later studies from longitudinal cohorts of US military personnel exposed to combat-trauma further suggested significant differences in global methylation in PTSD patients relative to controls,<sup>62</sup> particularly in genes involved in immune<sup>63, 64</sup> and nervous system function.<sup>65</sup>

Researchers began looking at DNA methylation in the prefrontal cortex of suicide patients. The study shows increased age-related DNA methylation perturbations in prefrontal cortex in major depression suicide compared with non-psychiatric controls.<sup>66</sup>

Note the methylation process depicted in this study was not from associated trauma, but rather age-related DNA methylation, for one can hypothesis similar pathological processes.<sup>66</sup>

#### Comorbid Conditions Potentiating the Stress-Induced Brain Injury

As a result of improved acute medical and surgical care in the field, veterans of recent wars have survived serious head injuries in greater numbers than ever before.

In a survey of Operation Iraqi Freedom veterans from two brigades (Hoge et al. 2008), 15% had sustained a traumatic brain injury (TBI) either with loss of consciousness (LOS) or change in mental status.<sup>67</sup> Using direct clinical evaluation of U.S. veterans of Iraq, researchers found 22.8% had suffered TBI, although most were mild.<sup>68</sup>

There is a high prevalence and exposure risk to concussive forces while on active duty. The National Interest discusses brain injury when using shoulder fired weapons which is commonly used with most ground forces. The article quotes recent research published by Center for New American Security (CNAS):<sup>69</sup>

[Department of Defense] studies have demonstrated that some service members experience cognitive deficits in delayed verbal memory, visual-spatial memory, and executive function after firing heavy weapon [...] Service members risk brain damage when operating shoulder-fired heavy weapons like the AT4, LAW, and Carl Gustaf recoilless rifle, according to a new report by the CNAS.

Following traumatic experiences such as MTBI, psychological disturbances—including post-traumatic stress-related symptoms and post-traumatic stress disorder (PTSD)—can occur. Diagnosis of PTSD comprises a combination of intrusive, avoidance, and arousal symptoms.

In a study conducted 6 months after MTBI, it was found that 20% of patients had developed PTSD,<sup>70</sup> whereas another study reported that 10% of patients exhibited 3 or more post- traumatic stress-related symptoms 1 year after MTBI.<sup>71</sup> The quality of life of people who have experienced MTBI may further decrease.<sup>72</sup>

Many studies of post-concussion symptoms and complications after MTBI have follow-ups of 3 months, 6 months, or 1 year.<sup>73, 74, 75</sup> However, fewer studies have investigated the long-term effects and consequences several years after MTBI.<sup>76, 77, 78</sup>

Self-perceived limitations in psychosocial function with low levels of life satisfaction have been reported in patients 3 years after MTBI.<sup>76</sup> It has been shown that MTBI patients report significantly more post-concussion symptoms than control subjects 5–7 years after the injury.<sup>77</sup>

MTBI can further result in sequelae that significantly reduce quality of life, even 10 years later.<sup>78</sup> In a follow-up study, patients with MTBI were evaluated 10 years after participating in a rehabilitation program, and life satisfaction had decreased in the intervention group, but not among the controls.<sup>79</sup>

In a predominantly male veteran cohort, those diagnosed as having PTSD were at a nearly 2-fold-higher risk of developing dementia compared with those without PTSD.<sup>80</sup> Between the years 2002 to 2009, a retrospective study was done looking at body mass index and rates of suicide within veterans, and findings showed 72% of men and 64% of women were either overweight or obese.<sup>81</sup>

### The Answer: An Integrative Medical Approach

We must address veteran mental health—not as a disorder, but rather a global neuroendocrine syndrome caused by neurological insults, endocrine imbalance, and mood disorders. Toxic stress in conjunction with traumatic events, and comorbid conditions such as TBI and substance abuse are causing pathological restructuring of the brain, and dysregulation of the endocrine and immune system.

This syndrome must be addressed early and aggressively through an integrative medical approach.

Below you'll find an integrative medical approach that can help us solve this problem. If not properly addressed, we will continue to watch as veterans commit suicide, abuse substances, and suffer.

1. Restore neurological metabolism (place for entheogens and psychedelics).
2. Restore sleep through sleep medicine.
3. Create environments conducive for neuro and angiogenesis (nurture and reconnecting through mirror neurons and understanding of disease/education).
4. Restore immune and endocrine function (hormone replacement therapy).
5. Enriching environments (brain stimulation both internal and externally to promote functionality).
6. Neurological nutrition (diet specific for a neurotrophic environment).
7. Education and integration (PT is part of the plan).

### Sources

1. Shane, L. & Kime, P. (2016). [New VA finds 20 veterans commit suicide each day](#). Military Times.
2. Garberman, J. (2012). *Crisis intervention issues in the veteran population*. Milwaukee, MN: VAMC.
3. Phillips, D. (2016). [Suicide rate among veterans has risen sharply since 2001](#). The New York Times.
4. Schoebaum, M., Kessler, R., et al. (2014). [Predictors of suicide and accident death in the Army Study to Assess Risk and resilience in Servicemembers \(Army STARRS\), Results from the Army Study to Assess Risk and Resilience in Servicemembers \(Army STARRS\)](#). *JAMA Psychiatry*, 71(5), 493-503.
5. Department of Defense (DoD). (2016). *Report on Section 593 of the National Defense Authorization Act for Fiscal Year 2016, Report on Preliminary Mental Health Screening for Individuals Becoming Members of the Armed Forces*.

6. Baiocchi, D. & Rand Corporation. (2013). *Measuring Army deployments to Iraq and Afghanistan*.
7. The United States War Dogs Association, Inc. *Vietnam statistics*.
8. Stiglitz, J.E. & Bilmes, L.J. (2008). *The Three Trillion Dollar War: The True Cost of the Iraq Conflict*. New York, NY: W.W. Norton & Company, Inc.
9. Watson Institute, International & Public Affairs, Brown University. (2015). *Costs of War*.
10. U.S. Department of Housing and Urban Development, Office of Community Planning and Development. (2018). *The 2018 Annual Homeless Assessment Report (AHAR) to Congress*.
11. Metraux, S. & Szymkowiak, D. (October 2017). VA National Center on Homelessness Among Veterans Research Brief: Rural Homelessness among Veterans: What do we know?
12. John, J. & USC Suzanne Dworak-Peck School of Social Work. (2012). *Shedding light on America's homeless veterans*.
13. Kang, H.K., Natelson, B.H., Mahan, C.M., Lee, K.Y., Murphy, F.M. (2003). *Post-traumatic stress disorder and chronic fatigue syndrome-like illness among Gulf War veterans: a population-based survey of 30,000 veterans*. *American Journal of Epidemiology* 157(2), 141-148.
14. U.S. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention. (2019). *2019 National Veteran Suicide Prevention Annual Report*.
15. U.S. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention (2018). *VA National Suicide Data Report 2005-2016*.
16. Hester, R.D. (2017). *Lack of access to mental health services contributing to the high suicide rates among veterans*. *International Journal of Mental Health Systems* 11, 47.
17. McNulty, V. & U.S. Army Center for Health Promotion and Preventive Medicine. (2009). *Injuries: the modern military epidemic*.
18. Merina, D. (2017). *When active-duty service members struggle to feed their families*.
19. Morris, R. (2017). *Divorce rates by job industry: military vets and baby boomers*.
20. McEwen, B.S. (2017). *Neurobiological and systemic effects of chronic stress*. New York, NY: Laboratory of Neuroendocrinology, The Rockefeller University.
21. Lucille, H. (2016). *General adaptation syndrome (GAS) stages*.
22. Lazarus, R.S. & Folkman, S. (1984). *Stress, Appraisal, and Coping*. New York, NY: Springer Publishing Company.
23. Kim, E.J., Pellman, B., & Kim, J.J. (2015). *Stress effects on the hippocampus: a critical review*. *Learning & Memory* 22(9), 411-416.
24. Lowy, M.T., Gault, L., & Yamamoto, B.K. (1993). *Adrenalectomy attenuates stress-induced elevations in extracellular glutamate concentrations in the hippocampus*. *Journal of Neurochemistry* 61(5), 1957-1960.
25. Rogers, J.C. & De Brito, S.A. (2016). *Cortical and subcortical gray matter volume in youths with conduct problems: a meta-analysis*. *JAMA Psychiatry* 73(1), 64-72.
26. Tomoda, A., Suzuki, H., Rabi, K., Sheu, Y.S., Polcari, A., & teacher, M.H. (2009). *Reduced prefrontal cortical gray matter volume in young adults exposed to harsh corporal punishment*. *NeuroImage* 47(2), T66-71.

27. Geuze, E., Westenberg H.G., Heinecke, A., de Kloet, C.S., Goebel, R., & Vermetten, E. (2008). [Thinner prefrontal cortex in veterans with posttraumatic stress disorder](#). *NeuroImage* 41(3), 675-81.
28. Chen, S., Xia, W., Li, L., Liu, J., He, Z., Zhang, Z., et al. (2006). [Gray matter density reduction in the insula in fire survivors with posttraumatic stress disorder: a voxel-based morphometric study](#). *Psychiatry Research* 146(1), 65–72.
29. Violanti, J. M., Andrew, M. E., Burchfiel, C. M., Dorn, J., Hartley, T., & Miller, D. B. (2006). [Posttraumatic stress symptoms and subclinical cardiovascular disease in police officers](#). *International Journal of Stress Management*, 13(4), 541–554.
30. Raison, C.L., Capuron, L., & Miller, A.H. (2006). [Cytokines sing the blues: inflammation and the pathogenesis of depression](#). *Trends in Immunology* 27(1), 24-31.
31. McEwen, B.S. (1999). [Stress and hippocampal plasticity](#). *Annual Review of Neuroscience* 22, 105-122.
32. McEwen, B.S. (2016). [Stress-induced remodeling of hippocampal CA3 pyramidal neurons](#). *Brain Research* 1645, 50-54.
33. Dhabhar, F.S., Saul, A.N., Daugherty, C., Holmes, T.H., Bouley, D.M., Oberyszyn, T.M. (2010). [Short-term stress enhances cellular immunity and increases early resistance to squamous cell carcinoma](#). *Brain, Behavior, and Immunity* 24(1), 127–137.
34. Treccani G, Musazzi L, Perego C, et al. (2014). [Stress and corticosterone increase the readily releasable pool of glutamate vesicles in synaptic terminals of prefrontal and frontal cortex](#). *Molecular Psychiatry*. 19(4), 433–443.
35. Picard, M., McEwen, B.S., Epel, E.S., & Sandi, C. (2018). [An energetic view of stress: focus on mitochondria](#). *Frontiers in Neuroendocrinology* 49, 72-85.
36. Ramirez, S., Gomez-Valades, A.G., Schneeberger, M., Varela, L., et al. (2017). [Mitochondrial dynamics mediated by mitofusin 1 is required for POMC neuron glucose-sensing and insulin release control](#). *Cell Metabolism* 25, 1390–1399.
37. Bowden, C., Cheetham, S.C., Lowther, S., Katona, C.L., Crompton, M.R., & Horton, R.W. (1997). [Reduced dopamine turnover in the basal ganglia of depressed suicides](#). *Brain Research* 769(1), 135-140.
38. Jie, F., Yin, G., Yang, W., Yang, M., Gao, S., Lv, J., & Li, B. (2018). [Stress in regulation of GABA amygdala system and relevance to neuropsychiatric diseases](#). *Frontiers in Neuroscience* 12, 562.
39. Mombereau, C., Kaupmann, K., Froestl, W., Sansig, G., van der Putten, H., & Cryan, J.F. (2004). [Genetic and pharmacological evidence of a role for GABA\(B\) receptors in the modulation of anxiety- and antidepressant-like behavior](#). *Neuropsychopharmacology* 29(6), 1050-1062.
40. Mombereau, C., Kaupmann, K., Gassmann, M., Bettler, B., van der Putten, H., & Cryan, J.F. (2005) [Altered anxiety and depression-related behaviour in mice lacking GABAB\(2\) receptor subunits](#). *NeuroReport* 16(3), 307-310.
41. McEwen, B.S. (2010). [The brain is the central organ of stress and adaptation](#). *NeuroImage* 47(3), 911-913.

42. Phillips, L.J., McGorry, P.D., Garner, B., Thompson, K.N., Pantelis, C., Wood, S.J., & Berger, G. (2006). Stress, the hippocampus and the hypothalamic-pituitary-adrenal axis: implications for the development of psychotic disorders. *Australian and New Zealand Journal of Psychiatry* 40(9), 725-741.
43. Abedelmalek, S., Souissi, N., Chtourou, H., Denguezli, M., Aouichaoui, C., Ajina, M., Aloui, A., Dogui, M., Haddouk, S., & Tabka, Z. (2013). Effects of partial sleep deprivation on proinflammatory cytokines, growth hormone, and steroid hormone concentrations during repeated brief sprint interval exercise. *Chronobiology International* 30(4), 502-509.
44. Felton, S.Y. & Felten, D.L. (1994). Neural-immune interaction. *Progress in Brain Research* 100, 157-162.
45. Segerstrom, S.C. & Miller, G.E. (2004). Psychological stress and the human immune system: a meta-analytic study of 30 years of inquiry. *Psychological Bulletin* 130(4), 601-630.
46. Kiecolt-Glaser, J.K. & Glaser, R. (1988). Methodological issues in behavioral immunology research with humans. *Brain, Behavior, and Immunity* 2(1), 67-78.
47. Lui, H., Li, X., Wang, Y., Song, Y., & Liu, J. (2018). The hippocampus underlies the association between self-esteem and physical health. *Scientific Reports* 8.
48. Bremner, J.D., Randall, P., Scott, T.M., Bronen, R.A., Seibyl, J.P., Southwick, S.M., Delaney, R.C., McCarthy, G., Charney, D.S., & Innis, R.B. (1995). MRI-based measurement of hippocampal volume in patients with combat-related posttraumatic stress disorder. *American Journal of Psychiatry* 152(7), 973-981.
49. Banasr, M. & Duman, R.S. (2008). Glial loss in the prefrontal cortex is sufficient to induce depressive-like behaviors. *Biological Psychiatry* 64(10), 863-870.
50. Bergland, C. (2014). Chronic stress can damage brain structure and connectivity.
51. Van Wingen, G.A., Geuze, E., Caan, M.W., Kozicz, T., Olabarriaga, S.D., Vermetten, E., & Fernandez, G. (2012). Persistent and reversible consequences of combat stress on the mesofrontal circuit and cognition. *Proceedings of the National Academy of Sciences of the United States of America* 109(38), 15508-13.
52. Williams, J. The amygdala: definition, role, & function.
53. Rauch, S.L., Shin, L.M., & Phelps, E.A. (2006). Neurocircuitry models of posttraumatic stress disorder and extinction: human neuroimaging research—past, present, and future. *Biological Psychiatry* 60(4), 376-382.
54. Park, A.T., Leonard, J.A., Saxler, P.K., Cyr, A.B., Gabrieli, J.D., & Mackey, A.P. (2018). Amygdala-medial prefrontal cortex connectivity relates to stress and mental health in early childhood. *Social Cognitive and Affective Neuroscience* 13(4), 430-439.
55. Johns Hopkins Medicine. The effects of sleep deprivation.
56. Lepola, U., Koponen, H., & Leinonen, E. (1994). Sleep in panic disorders. *Journal of Psychosomatic Research* 38(Suppl 1), 105-111.
57. Colvoen, P.J., Masino, T., Drummond, S.P., Myers, U.S., Angkaw, A.C., & Norman, S.B. (2015). Obstructive sleep apnea and posttraumatic stress disorder among OEF/OIF/OND veterans. *Journal of Clinical Sleep Medicine* 11(5), 513-518.

58. Tavernier, R. & Willoughby, T. (2014). [Bidirectional associations between sleep \(quality and duration\) and psychosocial functioning across the university years](#). *Developmental Psychology* 50(3), 674-682.
59. U.S. National Library of Medicine, Genetics Home Reference (2019). [What is epigenetics?](#)
60. Lee, R.S., Tamashiro, K.L., Yang, X., Purcell, R.H., Harvey, A., Willour, V.L., Huo, Y., Rongione, M., Wand, G.S., & Potash, J.B. (2010). [Chronic corticosterone exposure increases expression and decreases deoxyribonucleic acid methylation of Fkbp5 in mice](#). *Endocrinology* 151(9), 4332-4343.
61. Smith, A.K., Conneely, K.N., Kilaru, V., Mercer, K.B., Weiss, T.E., Bradley, B., Tang, Y., Gillespie, C.F., Cubells, J.F. & Ressler, K.J. (2011). [Differential immune system DNA methylation and cytokine regulation in post-traumatic stress disorder](#). *American Journal of Medical Genetics*. 156B(6), 700-708.
62. Koenen, K.C., Uddin, M., Chang, S.C., Aiello, A.E., Wildman, D.E., Goldmann, E., & Galea, S. (2011). [SLC6A4 methylation modifies the effect of the number of traumatic events on risk for posttraumatic stress disorder](#). *Depression and Anxiety* 28(8), 639-647.
63. Koenen, K.C., Uddin, M., Chang, S.C., Aiello, A.E., Wildman, D.E., Goldmann, E., & Galea, S. (2011). [SLC6A4 methylation modifies the effect of the number of traumatic events on risk for posttraumatic stress disorder](#). *Depression and Anxiety* 28(8), 639-647.
64. Rusieckim J.A., Chen, L., Srikantan, V., Zhang, L., Yan, L., Polin, M.L., & Baccarelli, A. (2012). [DNA methylation in repetitive elements and post- traumatic stress disorder: a case-control study of US military service members](#). *Epigenomics*, 4(1), 29-40.
65. Uddin, M., Galea, S., Chang, S.C., Koenen, K.C., Goldmann, E., Wildman, D.E., & Aiello, A.E. (2013). [Epigenetic signatures may explain the relationship between socioeconomic position and risk of mental illness: preliminary findings from an urban community-based sample](#). *Biodemography and Social Biology* 59(1), 68-84.
66. Haghghi, F., Xin, Y., Chanrion, B., O'Donnell, A.H., Ge, Y., Dwork, A.J., Arango, V., & Mann, J.J. (2014). [Increased DNA methylation in the suicide brain](#). *Dialogues in Clinical Neuroscience* 16(3), 430-438.
67. Hoge, C.W., McGurk, D., Thomas, J.L., Cox, A.L., Engel, C.C., & Castro, C.A. (2008). [Mild traumatic brain injury in U.S. soldiers returning from Iraq](#). *The New England Journal of Medicine* 358, 453-463.
68. Terrio, H., Brenner, L.A., Ivins, B.J., Cho, J.M., Helmick, K., Schwab, K., Scally, K., Bretthauer, R., & Warden, D. (2009). [Traumatic brain injury screening: preliminary findings in a US Army Brigade Combat Team](#). *Journal of Head Trauma Rehabilitation* 24(1), 14-23.
69. Fish, L. & Scharre, P. (2018). [Protecting warfighters from blast injury](#).
70. Bryant, R.A. & Harvey, A.G. (1999). [Postconcussive symptoms and posttraumatic stress disorder after mild traumatic brain injury](#). *The Journal of Nervous and Mental Disease* 187(5), 302-305.

71. Soika, P., Stalnacke, B.M., Bjornstig, U., & Karlsson, K. (2006). One-year follow-up of patients with mild traumatic brain injury: occurrence of post-traumatic stress-related symptoms at follow-up and serum levels of cortisol, S-100B and neuron-specific enolase in acute phase. *Brain Injury*, 613-620.
72. Ponsford, J., Cameron, P., Fitzgerald, M., Grant, M., Mikocka-Walus, A. (2011). Long-term outcomes after uncomplicated mild traumatic brain comparison with trauma controls. *Journal of Neurotrauma* 28(6), 937-946.
73. Kashluba, S., Paniak, C., Blake, T., Reynolds, S., Toller-Lobe, G., & Nagy, J. (2004). A longitudinal, controlled study of patient complaints following treated mild traumatic brain injury. *Clinical Neuropsychology* 19(6), 805-816.
74. Lannsjö M., af Geijerstam, J.L., Johansson, U., Bring, J., & Borg, J. (2009). Prevalence and structure of symptoms at 3 months after mild traumatic brain injury in a national cohort. *Brain Injury* 23(3), 213-219.
75. Lundin, A., de Boussard, C., Edman, G., & Borg, J. (2006). Symptoms and disability until 3 months after mild TBI. *Brain Injury* 20(8), 799-806.
76. Stålnacke, B.M. (2007). Community integration, social support and life satisfaction in relation to symptoms 3 years after mild traumatic brain injury. *Brain Injury* 21(9), 933-942.
77. Jakola, A.S., Müller, K., Larsen, M., Waterloo, K., Romner, B., & Ingebrigtsen, T. (2007). Five-year outcome after mild head injury: a prospective controlled study. *Acta Neurologica Scandinavica* 115(6), 398-402.
78. Zumstein, M.A., Moser, M., Mottini, M., Ott, S.R., Sadowski-Cron, C., Radanov, B.P., Zimmermann, H., & Exadaktylos, A. (2011). Long-term outcome in patients with mild traumatic brain injury: a prospective observational study. *Journal of Trauma* 71(1), 120-127.
79. Andersson, E.E., Bedics, B.K., & Falkmer, T. (2011). Mild traumatic brain injuries: a 10-year follow-up. *Journal of Rehabilitative Medicine* 43(4) 323-329.
80. Yaffe, K., Vittinghoff, E., Lindquist, K., Barnes, D., Covinsky, K.E., Neylan, T., Kluse, M., & Marmar, C. (2010). Post-traumatic stress disorder and risk of dementia among US veterans. *JAMA Psychiatry* 67(6), 608-613.
81. Flegal, K.M., Carroll, M.D., Ogden, C.L., & Curtin, L.R. (2010). Prevalence and trends in obesity among US adults, 1999-2008. *The Journal of the American Medical Association* 303(3), 235-241.

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## Why Do Veterans Keep Killing Themselves At VA Hospitals? - Task & Purpose

By Blythe Bernhard, St. Louis Post-Dispatch April 17, 2018

7-9 minutes

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The suicide of a veteran at John Cochran VA Medical Center in St. Louis last month is the latest in a string of such deaths on Veterans Affairs properties nationwide.

Phillip Crews, 62, [shot himself in the hospital's emergency room waiting area](#) just after 4 a.m. on March 26, city and VA officials said.

An estimated 20 to 22 veterans die of suicide each day, at an average age of 60. While it is unknown how many of those deaths occur at VA facilities, they include a 76-year-old who shot himself in a parking lot of a New York hospital in August 2016, a veteran of Afghanistan who hanged himself at age 32 in a Tennessee hospital in November 2016, a 63-year-old Navy veteran who shot himself in a car at a North Carolina hospital and a 35-year-old Marine who overdosed on fentanyl at a Massachusetts VA psychiatric facility.

Last summer, then-VA Secretary David Shulkin, who is also a doctor, addressed the so-called “parking lot deaths,” saying the veterans may choose to kill themselves at VA facilities in part because they don’t want their families to discover them.

[Related: Troops Most At Risk Of Suicide Don't Get The Support They Need From The Military »](#)

Others have said the suicides send a message about the ongoing problems with long wait times and access to care at VA medical facilities.

“It’s more than a suicide,” said Dr. Jose Mathews, former chief of psychiatry for the St. Louis VA hospital system. “It’s a veteran making a statement about their frustration with the VA as an organization.”

Mathews filed a federal whistleblower complaint in 2013 that claimed mental health care staff treated patients only a few hours a day and artificially inflated their work hours. He quit the St. Louis system last month, and now works through telemedicine with the VA in Utah.

“I was getting tired of butting my head against a brick wall on the issue of access to care,” Mathews said.

Crews’ suicide launched investigations by the hospital and the VA’s Office of Inspector General, which will produce a public report. Crews’ health care history will also be reviewed by a medical team outside the VA system “to see if anything was missed,” said Keith Repko, medical center director of the St. Louis VA.

Security around the emergency room entrance at the hospital on North Grand Boulevard probably will be tightened, Repko said. There are currently no metal detectors at the entrance, and VA police are not permanently stationed there.

Crews had no medical appointments the day he died, and was not seeking emergency care, hospital officials said.

“It looks like he purposely came here to commit suicide,” Repko said. “It is obviously a very tragic event and our condolences go out to the family.”

Crews, who served in Vietnam with the Marines, was buried at Jefferson Barracks National Cemetery this month.

[Related: The Suicide Contagion: How The Effort To Combat Veterans’ Suicide May Be Making It Worse »](#)

Repko stressed that there is help available to any veteran with suicidal thoughts. Unlike other medical issues, crisis mental health care is available to any veteran regardless of his or her time served or reason for discharge from the military.

The hospital has three providers on its suicide prevention team and is working to hire a fourth. Same-day appointments are available in urgent mental health situations, officials said.

“Patients that come here get the care they need that day,” said Fred Metzger, associate chief of mental health, pointing out that the majority of veterans who died of suicide had not been under treatment or seeking care at the VA.

There have been no other suicides reported on site at St. Louis VA facilities. In 2013, a veteran in an inpatient unit at Jefferson Barracks medical center removed a ceiling tile in an attempt to hang himself before being stopped by a staff member, officials said.

An Iraq war veteran, [Jerrod Kershaw, was shot and killed by police](#) in July 2017 after a standoff on Interstate 55 near Festus. The 30-year-old was being treated for several health issues including diabetes and post-traumatic stress disorder. His mother, Cynthia Kershaw, said she is disappointed in the VA, where she took her son regularly for appointments.

“We were there a lot and we didn’t get anything accomplished,” Cynthia Kershaw said. “They didn’t take him seriously at all. They turned their back on us.”

Mathews, the VA whistleblower, blames Kershaw’s death in part on low staffing at John Cochran. Kershaw attempted to access mental health care in May and June 2017 and was denied because the hospital was not accepting new referrals, according to medical records provided by Mathews.

“That death was really troubling to me. (Kershaw) had trouble accessing care,” Mathews said.

Officials with the St. Louis VA said there is no indication that a lack of access to mental health care played a role in the deaths of Kershaw or Crews.

[Related: Everyone Should Read This Army Vet’s Impassioned Rant Against The VA Health System »](#)

Three months before Kershaw’s death, Mathews sent an email to Repko, Metzger and other VA officials outlining his concerns about staffing levels.

“The current staffing is grossly inadequate to provide safe and timely mental health care at this busy clinic,” Mathews wrote. “I am hoping that you will follow up on my disclosure to remedy this situation at the earliest before an avoidable tragedy.”

Concerns about mental health care have been raised since 2012, when a federal review of John Cochran and Jefferson Barracks hospitals found that staff did not always follow up as required with mental health patients, including those at high risk of suicide.

At the time of Mathews' whistleblower complaint in 2013, the wait for mental health treatment in St. Louis was a month or longer. A federal investigation found 12 out of 20 patient records from the St. Louis VA had been altered to shorten the wait times by marking "complete" prior to the patients' scheduled mental health appointments.

A broader investigation found lengthy wait lists nationwide that caused delays in care and deaths of veterans. Since 2014, wait times for medical appointments have improved, according to federal reports.

[Related: Here's What We Know About Trump's Executive Order To Combat Veteran Suicide »](#)

Overall, 95 percent of mental health, primary and specialty appointments are made within 30 days, putting the St. Louis system in the top one-fifth of VA facilities, according to a 2016 update.

Now mental health appointments can be made within three to five days for new and established patients, local hospital officials said.

There is a full-time equivalent of 2.6 psychiatrists at the John Cochran facility, officials said. Mathews claims the number of available doctors was often lower.

Hospital officials said psychiatrists fill in via teleconference or are reassigned from other clinics to keep the same level of staffing, and that no veteran has been denied care.

"Any veteran, if they're in a crisis situation, we will help them," Repko said.

*If you're thinking about suicide, are worried about a friend or loved one, or would like emotional support, the Lifeline network is available 24/7 across the United States. Call the National Suicide Prevention Lifeline at 800-273-TALK (800-273-8255) to reach a trained counselor. Use that same number and press "1" to reach the Veterans Crisis Line.*

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# Focusing on Firearms Proves Contentious in Struggle to Reduce Veterans' Suicides

The gun control debate complicated an effort to encourage frank talk by health professionals about the risks posed by firearms.

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The Department of Veterans Affairs has been trying to develop ways to talk to veterans about guns and suicide for more than a decade, but the topic is so fraught that progress has been slow. Credit...Andrew Kelly/Reuters

By [Dave Philipps](#)

Oct. 15, 2020

The suicide rate among military veterans keeps edging higher, and to address it Congress passed a major bill this fall, named in honor of a Navy SEAL named Cmdr. John Scott Hannon who was an outspoken proponent of veterans' mental health treatment before he took his own life with a gun in 2018.

But at the last minute, lawmakers stripped the bill of a proven prevention technique that saves veterans' lives, and might have saved the life of Commander Hannon. Why? Because the provision in question touched a third rail in Washington politics: the danger posed by firearms.

The Commander John Scott Hannon Veterans Mental Health Care Improvement Act, now awaiting the president's signature, still does things the commander's family says he would be proud of: funding community organizations that work with veterans, and scholarships to train more mental health professionals.

But before it was modified, the bill would also have required health care workers who treat veterans to be trained on how to talk with at-risk patients about the danger of having guns in the house and about how to reduce that risk — a strategy known as lethal-means safety.

Evidence shows that reducing access to lethal means can drastically cut the risk of suicide. And for veterans, especially, the lethal means are overwhelmingly firearms.

The suicide rate among veterans has been climbing for more than a decade, and is now roughly double that of the nation as a whole. Americans who die by suicide use a gun about half the time, but among veterans, the figure is 70 percent.

The lethal-means provision that was stripped from the bill was introduced by Representative Lauren Underwood, Democrat of Illinois. “I’m a public health nurse, so I’m trained to look at the data and design policies that are effective and evidence-based,” Ms. Underwood said in a statement. “The data we have shows there’s no solution to the veteran suicide crisis without improving lethal-means safety.”

#### Image

“The data we have shows there’s no solution to the veteran suicide crisis without improving lethal-means safety,” Representative Lauren Underwood, Democrat of Illinois, said in a statement. Credit...Anna Moneymaker for The New York Times

The Department of Veterans Affairs has been trying to develop ways to talk to veterans about guns and suicide for more than a decade, but the topic is so culturally and politically fraught that progress has been slow and uneven, in part because doctors do not want to alienate patients.

The lethal-means provision would have provided mandatory training to nearly all Veterans Affairs doctors and mental health professionals, as well as private doctors who treat patients with veterans’ health benefits.

Like the conversations doctors have had for years with cigarette smokers, the approach involves making sure the patient understands the dangers of easily accessible guns, and then asking whether the patient wants to come up with a plan to reduce those dangers. Suggestions include locking up the guns in the house or storing them with a friend, relative or local gun club until the patient’s risk of suicide has subsided.

The lethal-means safety approach has broad support among major veterans’ groups, and it was included in a list of 10 suicide prevention recommendations released by the White House in the spring.

But some veterans’ groups opposed the strategy, saying the mere suggestion that veterans remove guns from their homes could deter them from seeking mental health care.

“This emphasis on firearms misses the point,” Sherman Gillums, chief of strategy for the veterans group Amvets, which opposed the legislation, said in a commentary posted online before the bill was passed. He said veterans’ mental health care should focus on better therapy techniques and reducing reliance on medications, adding, “I’m not encouraged by this emphasis on the action that was taken and not the underlying cause.”

Anything that smacks of gun control is political kryptonite for conservatives. Despite White House backing, Ms. Underwood was unable to find a Republican co-sponsor for the lethal-means safety provision. House Democrats added the provision to the bill, but it was removed during negotiations with the Republican-controlled Senate, according to two people familiar with the negotiations.

Despite the setback, prevention experts say it makes sense to continue to expand lethal-means safety, whether or not it is mandated by law.

“If you want to really make a dent in preventing suicide, this would have the most impact,” said Russell Lemle, the former chief psychologist for the San Francisco Veterans Affairs hospital system.

For years, he said, the medical profession has generally tried to reduce suicide by treating patients’ underlying mental health issues. But epidemiologists have realized that impressive gains can be made by making the physical act of suicide more difficult and less lethal.

“Suicide is often an impulsive act,” Dr. Lemle said. “If we can put distance between the impulse and the means, we can make a real difference.”

When access to an especially lethal method is restricted, the suicide rate often drops. Up until the 1960s, the ovens and stoves in many British homes used coal gas, which was rich in dangerous carbon monoxide and was implicated in many deaths, accidental or intentional. As the country transitioned to safer natural gas the suicide rate fell by one-third.

Bangladesh struggled in the 1990s with a high rate of suicide by ingesting toxic insecticides. After the country banned the most lethal poisons in 2000, the suicide rate dropped by one-quarter.

#### Image

Veterans Affairs has trained more than 20,000 health care workers in recent years to talk to patients about lethal-means safety. Credit...Gene J. Puskar/Associated Press

The United States applies the same principle to physical locations like the [Golden Gate Bridge](#) in San Francisco and the [Coronado Bridge](#) in San Diego, where barriers and nets are starting to be installed to protect suicidal people.

Because so many suicides are gun deaths, they present a huge opportunity for prevention if doctors and other health workers can find an effective way to talk to veterans about guns, according to Dr. Matthew Miller, who teaches epidemiology at Northeastern University and is a leading researcher on gun violence.

“We know the risk is there,” Dr. Miller said. But studies show that only about 10 percent of gun owners are aware of the higher risk, he said, suggesting that there is enormous room to inform people and encourage them to change their habits.

Veterans Affairs has trained more than 20,000 health care workers in recent years to talk to patients about lethal-means safety. The language removed from the John Scott Hannon bill would have made that training mandatory for many more health care professionals.

“If there is a good relationship with the patient, it doesn’t have to be culturally charged, it can come from a place of real concern, just like a doctor might talk about the risks of smoking,” Dr. Miller said.

Those conversations, though, carry their own risk. Opponents say that required lethal-means safety stigmatizes mental illness and may deter people from seeking care, which is also a criticism of so-called [red flag laws](#) that allow the police in several states to temporarily confiscate firearms from people who are deemed by a judge to be a danger to themselves or to others.

A survey of veterans who served in the military after 2001 found that 21 percent were hesitant to get mental health care from Veterans Affairs because they were worried their guns would be confiscated.

The department's first effort at lethal-means safety was to give away gun locks to veterans. The program was met with an uproar when recipients of the free locks were asked to give their addresses and say how many guns they owned. Opponents accused the department of [trying to start a federal gun registry](#).

Dr. Lemle, who became a senior policy analyst at the [Veterans Healthcare Policy Institute](#) after leaving Veterans Affairs last year, said the system's reluctance to speak openly about the problem of guns had only fueled disinformation.

"The idea is not to restrict anyone," Dr. Lemle said. "This is not a gun rights issue, it's about coming up with a mutually derived plan to be safe. For too long, I think we've been afraid to talk about it, to the disservice of our patients."

Commander Hannon, whom the prevention bill is named after, may be a case in point. After a 23-year career serving around the world with the SEALs, he retired in 2011 and moved to Montana, where he struggled for years with post-traumatic stress, traumatic brain injuries and bipolar disorder. He found solace in therapy programs that used animals, and in helping other veterans.

He owned several guns. Out of concern for his safety, his family stored the guns with a fellow SEAL at one point, but he soon demanded them back. His sister, Kim Parrott, said the family never formally learned how to talk to him about the dangers guns pose to veterans with mental health disorders.

"It would have been tough," Ms. Parrott said, indicating that her brother and other veterans were attached to their firearms. "But I see how that could change."

*If you are having thoughts of suicide, call the National Suicide Prevention Lifeline at [1-800-273-8255](#) (TALK) or go to [SpeakingOfSuicide.com/resources](#) for a list of additional resources.*

